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Journeys and voices together: Using participatory design
to create digital stories for health and well being of
new immigrant/refugee communities

by

Naureen Mumtaz

A thesis submitted to the Faculty of Graduate Studies and Research
in partial fulfillment of the requirements for the degree of

Master of Design

Department of Art and Design

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Spring 2011
Edmonton, Alberta

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Journeys and voices together: Using participatory design to create digital stories for health and well being of new immigrant/refugee communities

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Master of Design Thesis
Visual Communication Design

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Spring 2011

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Acknowledgements

My MDes studies and this thesis project are the result of support, inspiration and contributions from a number of people, who have contributed in different ways to this work.

I have had the rare opportunity of working with three successive supervisors in my department. I would like to thank Sue Colberg and Aidan Rowe for their encouragement and research insights all along the different cycles of my research project. In particular, I am grateful to Bonnie Sadler Takach for her infectious enthusiasm, professional expertise and kind feedback, all of which helped me in interpreting the map and recounting the journey to bring it together.

I thank all the individuals and organizations with whom I've conversed about immigrants, diversity of cultures, design and its social process over the last two years, as without that, this journey would not have been initiated. The participating design research partners at the Multicultural Health Brokers Cooperative (MCHB) opened their hearts and shared their stories and knowledge which led me to hear with all my senses. I have been fortunate to work with Yvonne Chiu at MCHB, who has been a true inspiration and whose insights and guidance reinforced my belief in the possibility of making a difference in the lives of vulnerable new immigrant and refugee communities, collaboratively through an integrated design approach.

I thank my parents who have always encouraged me and my siblings to have the courage to dream. Finally, I wish to thank my family, friends and colleagues. The undertaking of this kind of work has not been without a certain mental strain and absence, so I would like to thank them all for their way of coping and for their support and patience with me. Especially, I thank my spouse and children, who sustained me during the period required to cross this terrain.

Abstract

The goal of this study was to explore ways to integrate digital storytelling (DST) and the design process while collaborating with a local, multicultural community health organization to facilitate health and well being of new immigrant and refugee communities based on a 'social model' of design practice and research. An interdisciplinary approach involving visual ethnography and participatory action design was adopted as a method to invite participation in knowledge creation and sharing. The approach of DST was also an outcome in this exploratory study, which featured collaboration between the design researcher and community health brokers during a set of five DST workshops between June and August 2010. The resulting digital stories (DSs) will be interfaced through the community organization's website, to share information about challenges of accessing services to support healthier lives, within the marginalized communities of new immigrants and refugees. Community health brokers from ethnically diverse backgrounds were the participant stakeholders in DST workshops. Their participation, experience and knowledge of community health service led them to create these DSs as information-sharing vehicles, to support health and well being of the communities they service. The resulting artifacts—digital stories—and the participatory action-based design research (PADR) process were tested and evaluated through peer-to-peer review, feedback questionnaires and interviews. Initial guiding principles were synthesized for a sustainable process of DST workshops, involving wider community participation, as a way of creating community mobilization and social change. This exploratory research offers an opportunity to understand the role that design can play in interdisciplinary knowledge creation within the social sphere through participatory action-based practice.

Personal statement

We are living in times where geographical boundaries are becoming blurred each passing second. I feel that the practice of design is going through a remarkable journey. My teaching and design practice over the last ten years point towards my strong affinity for social issues and the role of design in society. Catalyzing a social change through design has always been a dream and now I feel it can be a reality through diverse ways of designing and emerging interdisciplinary research studies. The collaborative environment is changing how we understand creativity in relation to design practice. In response, both design curricula and professional practice are gravitating to an interdisciplinary model, where the "creative" work is defined as understanding and directing the whole process, as much as crafting individual elements.

I have been exploring the transformation of visual cultures and its impact on the fabric of a society, globally. The struggle between the technological age and the evolution of cultures is a subject that particularly fascinates me. Different factors have affected my decision to pursue my research in this direction. As many others, I have gone through a metamorphosis from a designer to a design educator to a design researcher. This transformation was a natural development, born from my interest in diverse communities, globalization and technological developments in design. My metamorphosis also projects my desire to break out of standard design practices and explore what lies ahead.

I see endless possibilities for effecting change through the focused use of design and powerful conceptualization; for example, I developed a children's board game to create awareness about sexual abuse as part of my volunteer work at a non-profit organization in Pakistan. I believe in scaffolding a change through words, images and the dynamic interaction of the two individually and within a community. My two-year stint with advertising has made me increasingly aware of how society influences and is in turn influenced by the media; this experience impressed upon me the immense power and the responsibility that comes with the creative control of technology.

Also, my interaction during the last few years with undergraduate and graduate students of Visual Communication Design and the design community here in Edmonton, in Pakistan, Turkey, Malaysia and more recently in Vancouver and Montreal has strengthened my desire to research the effects of socio-cultural issues on design process and artifacts. An AIDS awareness program, fund-raising campaign for SOS Children's Villages in Pakistan, invoking the spirit of voluntarism in the youth towards the disabled, issues of prostitution in a traditional sex market, women's

empowerment, child abuse or evolution of folk theatre in Punjab in context to youth information are a few of the issues, projects and themes that I have worked on either as designer or design educator or design researcher. Through these experiences I have developed a strong affinity for designing tools that might facilitate change and a dialogue through design process and collaboration. I believe that an effective design solution has to possess an element of courage to provoke positive, shared transformation and create positive ripples in society.

Initially I did not make an immediate connection between my individual experiences and those of the communities that I chose to explore in my design research project. I recognize that my personal experience of immigrating to Canada and settling in Edmonton has provided me with knowledge to understand and respond to the struggles of multiple communities of new immigrants and refugees. We are aware that in today's globalized world different religions and cultures live side by side in most parts of the world resulting in overlapping identities which introduces various subcultures into the main culture. The diversity that marks Canadian society has had a positive effect, however it also introduces tensions into the social fabric as different groups struggle to adjust to their new social and economical milieu while trying to maintain their cultural identity in a rapidly changing environment (Mumtaz, 2010). While trying to find my own feet as an immigrant, I recognize a need to establish ways to make connections between design processes and the specialized knowledge of these communities to help visualize a more equitable and healthy Canadian society.

This project is informed by the idea that acknowledging basic commonalities and differences in human existence is a key to designing for equality and social justice. The intention is to explore ways to help generate tools, processes and knowledge that can be applied to the field of participatory design for community benefit and development. In addition to applying interdisciplinary research methods to community-focused design initiatives, the project of digital storytelling intends to inform, educate, advocate and promote equality in diverse new immigrant, refugee communities and the mainstream community.

At the beginning of the project, I was looking for a way to develop a sensitive and revealing method of inquiry to design an intervention for better access to health services for new immigrant and refugee communities. The project evolved and adapted to the needs of the community. It involved active collaboration between the service providers, the designer and the new immigrant/refugee community health brokers. All of the above influences taught me valuable lessons and led me to explore their influence on my own design process for social change by using digital storytelling.

The participatory approach used in this project focused on engaging the collective—designer and user—in a joint definition of problems and their adaptation to variable circumstances, thus respecting different knowledge backgrounds.

This journey, and the resulting digital stories (DS), has not only empowered me, but also rooted me in a new country. It transformed me from a complete outsider to the one who belongs. The MCHB Coop, which serves approximately 2500 immigrant and refugee women yearly from at least 18 different cultural and linguistic backgrounds, speaking 29 different languages, is in the process of initiating a digital storytelling project in various communities based on the PADR model of this study. I hope that the explored process and resulting artifacts may lead to a type of a social movement for healthier new immigrant communities, which may facilitate the development of a first-hand knowledge base about new immigrants/refugees to mobilize the much needed resources.

Design is a task, is a process and is a journey. Through the transfer of knowledge, the journey continues. The mission is to help a group of people to think together collaboratively to solve problems. (Smith, 2010)

Journeys and voices together: Using participatory design to create digital stories for health and well being of new immigrant/refugee communities

Introduction

Overview

Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it's the only thing that ever has.
—Margaret Mead¹

This project is an exploratory design inquiry, which involves collaboration with a local health service community organization—the Multicultural Health Brokers Cooperative (MCHB)—in Edmonton Alberta, Canada, who provide services to diverse communities of new immigrants and refugees. They support individuals and their families in attaining optimum health through relevant health education, community development and advocacy support. This group of women never set out to change the world but their efforts in working to support new immigrant and refugee families in Edmonton, over the last decade, has definitely changed the world of those they serve.

The project spanned the following interrelated and iterative cycles of inquiry.

- Cycle 1 : Identification of issues to be explored and design integrations
- Cycle 2 : Stakeholders² participation and iterative inquiry into digital storytelling (DST)
- Cycle 3 : Engaging in collaborative journeys—DST workshops
- Cycle 4 : Analyzing and reflecting on the outcomes

¹ Mead, M. (1901-1978). Retrieved Nov 15th 2010, from <http://thinkexist.com/quotation/>

Stakeholders, users or participants in this inquiry are terms which represent the turning around of the role of knowledge consumers and making them shareholders in experiential knowledge discovery, creation and sharing process

Although stakeholder participation was invited from the beginning of this collaborative endeavor for locating the point of design intervention, a series of five digital storytelling (DST) workshops offered the venue for shared communicational space to bring personal journeys and voices together. The DST approach in this project is also an outcome of the research. Data was collected in the form of focus group discussions, feedback forms and questionnaires in addition to semi-structured interview discussions with experts. The collected data was compiled and content was analysed to highlight recurrent themes.

The research approach combined ethnographic methods, observation and shadowing techniques and participatory design into problem definition and identifying an area of design intervention. The participatory DST approach of creating (DSs) artifacts led to iterative cycles of feedback and evaluation from different communities of stakeholders and experts. Judith Gregory (2009) states that designers already operate in multidisciplinary and in-between spaces so they can create design spaces for new kinds of participation and reciprocity. She describes this approach, as follows:

Participatory design is a culture of principled argument, in the most positive meaning that critique always offers a proposal in which conflict, mistakes, dilemmas and contradictions become resources in design. (Gregory, 2009, p. 261)

The project outcomes are the initial five digital stories and the resulting participatory action-based research (PADR) process model. Workshop participants learned DST skills while collaborating to develop communication information, they focused on well being issues that were important to them and their communities. The project outcomes were reported with reference to participant stakeholders, community audiences and experts. The workshop participants reported that the process and the artifacts (DSs) created helped to bring together the journeys, voices and experiences of diverse new immigrant and refugee communities for healthier lives. The audiences comprising of new immigrants and health brokers from MCHB shared that these kind of DSs can be an effective medium for sharing experiential information and for health advocacy. The expert feedback brought attention to the possibility of highlighting the long existing and emergent issues of the community through this explored process and these kind of artifacts.

Based on the iterative cycles of inquiry, the project followed a process based on a collaborative sequence of observing; planning; acting; observing and reflecting which led to action (the participatory design of digital stories) and resulting digital stories from those DST workshops. After participating in the DST workshops, participants shared their gained knowledge of practical skills of dealing with digital technology. They reported that participation in the process was creative, empowering, pro-active and transformational. The group expressed interest in further introducing the project in different new immigrant/refugee community sections of youth, senior citizens and women.

Although the project focused on a participatory design process, it was situated at the boundaries of diverse disciplines. The stakeholder participation at all levels of the process from identifying design intervention areas to DST workshops and later, to giving feedback about the process and the outcomes, led to exploring ways to instigate a change in new immigrant and refugee communities for health and well being. I believe that employing design to inspire a social change in communities may be a utopian dream, but the design process that integrates collaborative and participatory practices can be a catalyst for social well being.

Planning the journey and mapping the terrain*

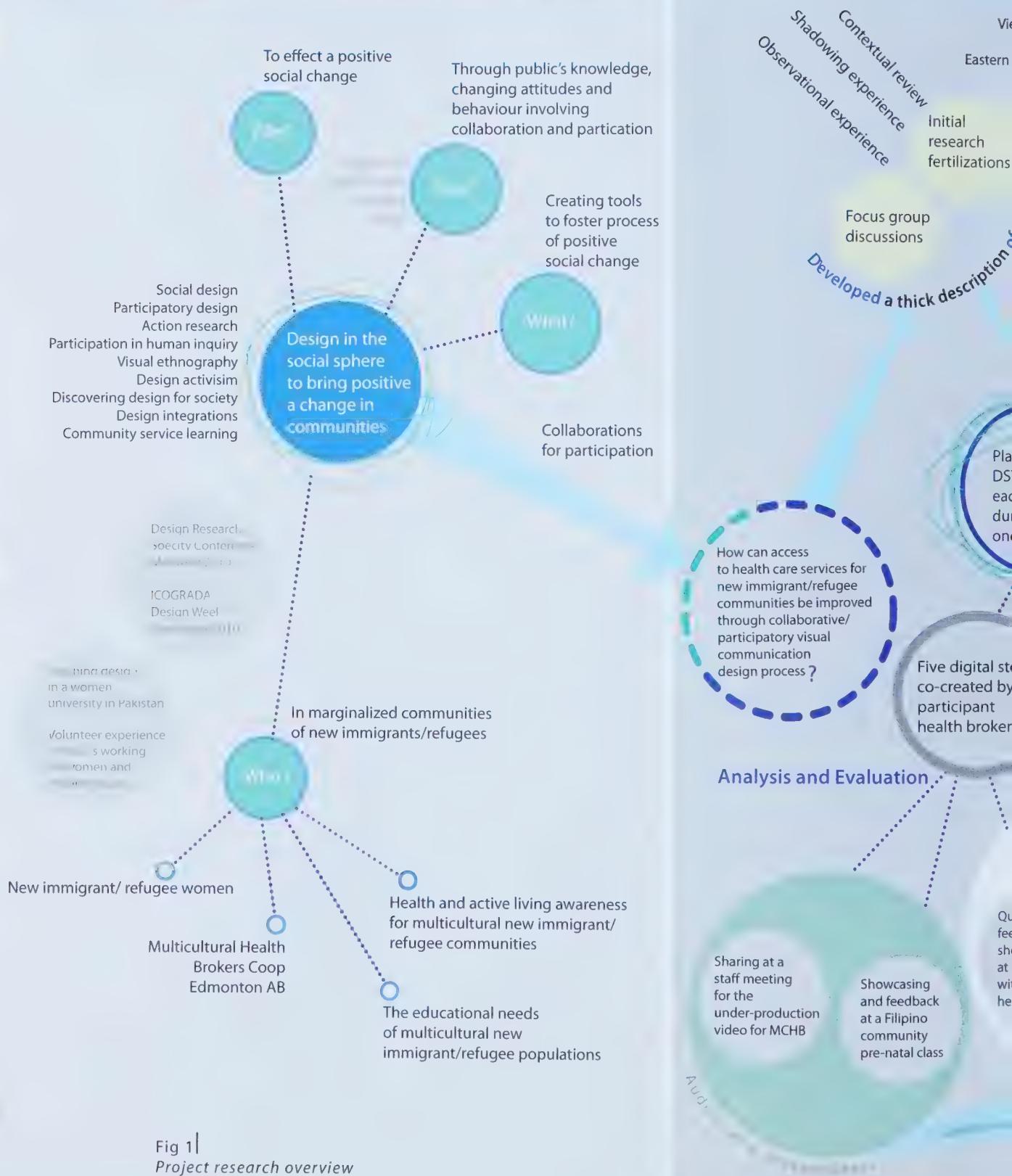
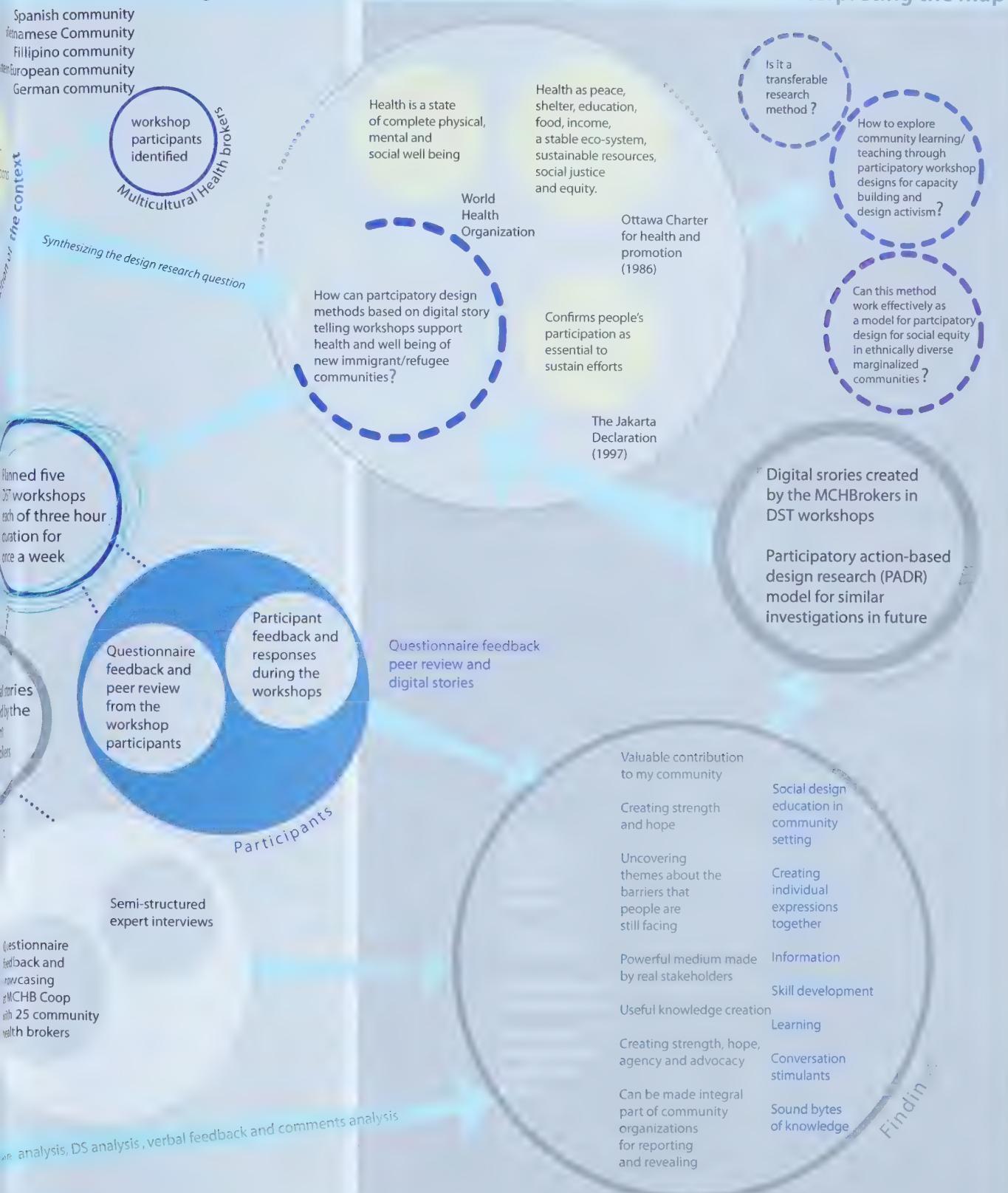


Fig 1
Project research overview

* Based on the metaphor of a journey of exploration of 'visualizing research' framework

Crossing the terrain



Background

Context

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition. (World Health Organization, 2010)

Today we are living in an era of an increasingly complex and rapidly changing global landscapes. As geographical boundaries are blurring, so are the boundaries of public health action, extending into other sectors that influence health opportunities and outcomes. The World Health Organization (WHO) responds to these challenges by identifying health as a basic human right.

According to the WHO, health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. The Ottawa Charter of Health Promotion (1986) defines health as peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. The Charter identifies three basic strategies for health promotion: advocacy for health, to create the essential conditions for health; enabling all people to achieve their full health potential; and mediating between the different interests in society in the pursuit of health. It further stipulates that:

Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems. (Ottawa Charter for Health Promotion, 1986)

Worldviews on the subject, brought together in The Jakarta Declaration on Leading Health Promotion into the 21st Century (1997), confirm people's participation as essential in sustaining efforts for healthier lives for all:

People have to be at the centre of health promotion action and decision-making processes for them to be effective; health literacy/ health learning fosters participation. Access to education and information is essential to achieving effective participation and the empowerment of people and communities.
(The Jakarta Declaration, 1997)

Worldviews on the subject of health, well being and access to health highlight the fact that the spiritual dimension of health, along with the physical dimension, is increasingly recognized. A comprehensive

understanding of health therefore implies that all systems and structures which govern social and economic conditions and the physical environment, should take account of the implications of their activities, in relation to their impact on individual and collective health and well being.

Globalization and multiculturalism

Increased cultural and ethnic diversity, international migration and market globalization, which are taking place at phenomenal rates in this era, are resulting in changes in the dynamics of the social, political and economic structures in the global societies. It is imperative that designers, everyday citizens, economists, policy makers and governing bodies respond to changing demographics and corresponding social and economic conditions with policies and practices that promote equality, justice and healthier communities.

Immigration in Canada

According to Achugbue (2005), Canada was the first country in the world to introduce legislation pertaining to the concept of multiculturalism that is rooted in its long history of two founding races and cultures, the British and French. Achugbue categorizes the patterns of immigration to Canada in three waves: with the first wave occurring from colonization in the 1700s until the First World War, primarily by immigrants from Northern Europe. At that time, the primary labour needs of Canada were agricultural. Achugbue quotes Anderson et al. in discussing the second wave spanning both world wars until the 1960s; this wave saw the addition of South Europeans along with the re-admittance of Chinese, South Asians, Yugoslavs and West Indians. Canada's immigration policy and the booming economy coupled with poor economic conditions in the immigrants' countries of origin, led to one of the world's largest migrations ever recorded in history. Finally, the third wave began in the late 1960s and continues until today and is based on the 1970s Canadian immigration policy, which attracted skilled, educated immigrants to match the momentum of its growing economy. This third wave corresponds with Canada's transition to a knowledge economy. This wave is also distinct as more than 75 percent of those who arrived in the 1990s represented visible minorities.

The above data highlight Canada's historic challenges and commitments with regard to cultural diversity and immigration. For designers who are investigating ways to integrate design within the social dimension, it is vital to develop an understanding of cultural diversity which is changing the needs and requirements of communities.

New Canadians and visible minorities (travellers in cultures)

According to Statistics Canada, Canada is home to more than 200 ethnic groups, visible minorities constitute 13 percent of the total population and immigration contributes to 53 percent of the nation's growth rate. Canada is a multicultural and diverse country, which encourages immigration. Citizenship and Immigration Canada acknowledges the importance of immigration and immigrants in their many reports.

Immigration has been fundamental to the growth of Canada and to our history of achievement. From our earliest days through to the global transformations of recent years, hardworking people and their families have come to Canada from all over the world. Collectively, they have made a significant contribution to the development of our economy, our society and our culture. (Citizenship and Immigration Canada, 2005, p. 7)

The reasons for the movement of individuals across borders and oceans and continents can range from searching for better livelihoods, advancement of social status, political forces, escaping natural disasters, and fleeing civil wars and ethnic conflicts. Achugbue cites Sandercock to discuss these various push-and-pull factors which result in increasing cultural and ethnic diversity in the first-world countries. The major cities of these first-world countries are increasingly becoming hubs with a main culture and diverse ethnic subcultures, thus creating global communities in these places.

Context of cultural diversity in Edmonton

Statistical research from Citizenship and Immigration Canada shows that the immigrant population to the city of Edmonton in 2005 represented immigrants from more than 35 countries. Edmonton is the fifth most ethnically diverse city of Canada with about 22 percent of the population being foreign-born. The data further shows that almost 77 percent of these foreign-born Edmontonians were immigrants and about 12 percent were refugees. In addition, nearly 39 percent of this immigrant and refugee population neither spoke English nor French.

Immigrants coming to Canada are broadly categorized into two main groups; those who voluntarily immigrate and are admitted through stringent selection criteria based on economic skills and education, and those who are admitted as refugees under the 1951 Geneva Convention Protocols for Refugees. Voluntary immigrants are generally healthy upon arrival and are normally well educated and are in good economic states, they also typically have some support system available upon arrival. The refugees may have gone through forced relocation, and they may have experienced varied levels of physical, emotional and financial trauma before they arrive.

Joy, strength and relevance of design

The real joy of design is to deliver fresh perspectives, improve well being and an intuitive sense of balance with wider world. The real spirit of design elicits some higher meaning. The real power of design is that professionals and lay-people can co-design in amazingly creative ways. (Fuad-Luke, 2009, p.xix)

Design as discourse has transitioned from being artifact-focused to process-focused during the shifts in the societal dimensions from the Industrial era until the post-industrial society. Krippendorff (2006), a design and communication theorist, focuses on redesigning design discourse by redrawing its boundaries. This also leads to acknowledging

that designers can be proactive, rather than reactive. A conversation on how design can affect the world; what it can do; how to proceed; and new responsibilities and the viability of design community marks the emergence of different terms, such as *design activism*, *design democracy*, *semantic turn*, *social design*, *design integrations and community development through the design process*. (Papanek, 1971; Morello, 1995; Buchanan, 2001; Margolin & Margolin, 2002; Frascara, 2002; Krippendorff, 2006; Fuad-Luke, 2006; Manzini, 2007; Poggenpohl, 2009)

The emerging themes from these diverse discussions put emphasis on involving humans as participants in the design process. Thinking in terms of design activism, development or social change, brings attention to the parts of societies that operate on the margins. Social models of design proposed by Margolin and Margolin (2002) raise the question of how design for social need might be commissioned, supported and implemented. Frascara (2002) maintains that design is a complex problem and the inclusion of social relations in this equation further complicates the system, which moves design from mere responses to problems to an activity of higher order such as identifying areas of design intervention and then designing systems to respond to those which are also sustainable.

Building bridges through design integration

We can't solve problems by using the same kind of thinking we used when we created them. —Albert Einstein³

Design educator and researcher Poggenpohl (2009) maintains that design has a hidden strength that makes it especially suited for networked, dynamic problems that societies are facing today. According to Strickler and Neafsey (2002) social and health sciences researchers who have been working quite removed from design concerns, have begun to identify visual communication design as instrumental in changing social and personal decision-making for individuals and communities. Frascara (2002) advocates that the new design practice requires a better understanding of people, society and ecosystem and calls for an interdisciplinary practice. Krippendorff (2006) supports the same argument of interdisciplinary approach regarding the changing environment of design. He correlates it to several major cultural and philosophical shifts and proposes to build a powerful foundation for a professional design practice based on creative engagement with the users and stakeholders.

Poggenpohl (2009) professes that respectful dialogue in which difference is valued is essential to intercultural sensitivity and collaboration, while shared ground is co-created but not given. This is what Bonsiepe (2006), describes as 'Good Design', which also pursues socio-pedagogic⁴ objectives. Bonsiepe asserts that designers should focus their attention at the point where the action, the user and the object come together.

Einstein, A. (1879-1955). Retrieved Nov 07th 2010, from <http://www.spaceandmotion.com/Albert-Einstein-Quotes.htm>

¹ Social pedagogy here means community learning and development where the aim of de sign is to strengthen communities by improving people's knowledge, skills and confidence organizational ability and resources leading to social inclusion and active citizenship

In this exploratory inquiry, the intention is to employ self-sustainable participatory design methods and contribute in knowledge building within the field of design for overall community health, benefit and development in a complex, diverse cultural context. While planning design for social change in marginalized communities, the designer's role expands which involves strengthening communities by improving people's knowledge, skills, confidence and integrating resources leading to social inclusion and active citizenship. This design process from social pedagogy to building relationships can be compared to building bridges for future design integrations.

Participation in design

Design ability is a form of intelligence, which is possessed by everyone, according to Cross (1995) and Margolin (1995) argues that design is a form of action that relates to the human tendency to plan. Margolin advocates for a need to recognize this concept and to develop and explore the multiple dimensions that the power of design has as an instrument of social construction. Fuad-Luke (2009) suggests that the inherent nature of design as a human activity is that it is, in general, deeply socially-oriented. Social orientation involves inclusion and participation in design activity from identifying a problem to creating artifacts, environments and experiences. Fuad-Luke emphasizes that this participation emancipates people by making them active contributors rather than passive recipients.

Action research in design, community design, co-design, human-centered design and participatory action design and now meta design are all interrelated practices that represent a human-centered process from practical to participative; emancipatory to experiential; interpretive to involving knowledge creation methods that are catalytic for a social change from within. The practice of co-creation of knowledge based on the collective experience of those individuals and communities that constitute the marginalized is participatory, collaborative or cooperative action research (Francis, 1983; Fals-Borda & Rahman, 1991; Reason, 1994; Swann, 2002; Fuad-Luke, 2009).

Design humanism is the exercise of design activities in order to interpret the needs of social groups and to develop viable emancipative proposals in the form of material and semiotic artifacts. (Bonsiepe, 2006)

Concurrently, design thinking—which is deeply human-centered—taps into capacities we all have but that are overlooked by more conventional problem-solving practices, notes Brown (2009). He suggests that design thinking relies on our ability to be intuitive and construct ideas that have emotional meaning as well as functionality and to express ourselves in media other than words and symbols. The term 'community participation in design' is referred to in this study as a way to involve people in the design process who are disadvantaged or marginalized. The aim is to facilitate their ability to solve practical problems while building their capacity to learn through design process and technology. Reason has contributed extensively to the development of participative approaches to action research in the human sciences and in management approaches variously referred to as co-operative inquiry and participatory action research.

He states that:

A participative methodology in which we conduct research with people rather than on people, attempts to heal.
(Reason, 1994, p. 11)

In looking at the emergent participatory worldviews, Reason (1998) says that research through participation is not only about knowledge creation but it is also about healing; healing the alienation that characterizes the modern world experience. In today's world economic and political plan of culturally homogenized cities, the phenomenon of immigration has given rise to an immediate need for this 'healing' in its newer and older communities. Healing—whether it is physical or spiritual—requires tools and processes which involve stakeholders participation. Dorst (2009) asserts that designers need to move from purely observational research methods to action research and experimentation. To respond to this call, design practice and research requires shifting focus to identifying complex and networked socio-cultural problems and creating collaborative and participation-based systematic approaches.

Integrating design within the social sphere

The only important thing about design is how it relates to people.
—Victor Papanek⁵

Two theorists who in the past have explored the concept of 'socially responsible design' Victor Papanek (1971) and Nigel Whiteley (1993) supported socially responsible practice in the face of consumerism's sheer advertising/marketing approach which neglected the globally diverse needs of world populations. Papanek advocated strongly for better design for those who are disabled, infirm, developing world community and others not normally benefiting from the work of 'western' design studios.

Swann (2002) advances this discussion by reasoning for action research that supports 'social model' of design practice, promoted by Margolin and Margolin (2002). According to Swann, action research needs three conditions to be met. The problem being situated in the social sphere that needs to be changed, calls for a participatory activity involving equitable collaboration; and the iterative cycles of planning, acting, observing and reflecting. Both of these approaches action research and social design—propose a framework to ground practice for socially responsible designers by creating more allies in other professions such as health, education, engineering and crime prevention, to find ways to work together. Frascara (2002), in his call for collaborative design methods, stresses that it is essential to build partnerships between producers of information, designers, health workers and others.

A growing body of research suggests that the design profession is transforming from being product-oriented to process-oriented, pointing to new humanism in design (Buchanan & Margolin, 1995; Sanders, 2002; Frascara,

2002; Poggenpohl, 2009). This calls for innovative rethinking of new rules of collaboration and participation. It encourages the direct and active participation of all the stakeholders in the design process. In this way people designing together can harness the collective and infinitely expanding set of ideas and experiences to implement and mobilize for a change which is in step with their ever-changing needs, experiences and relationships (Sanders, 2002).

Siu (2003) suggests that stakeholder participation in a social design process does not imply that designers are not required to do anything. In fact, Siu proposes, that designers should be adopting two roles actively: one as a coordinator of diverse groups and professionals and the other one as a facilitator of participant input, creativity, production, experiences and evaluations. Social design, through active participation of stakeholders in the design process, can negotiate spaces for human communication, which allows for exchange and adjustment and for building and extending of the shared terrain.

Moreover Oosterlaken (2009) reasons for a capability sensitive⁶ design which he articulates as a concept, though not an entirely different or new, that is clearly related to participatory design. He also maintains that adopting capability approach seems to be strongly compatible with recognizing and improving the contribution of technology, which is strongly intertwined with the social, law, health and other service based processes. In this way, social design can be defined as a design process that develops human capabilities and contributes to improving human well being and livelihood through action-based collaborative participation.

Design is an opportunity to continue telling the story, not just to sum everything up. — Tate Linden⁷

⁶Capability approach suggests towards designing for the society and particularly the world's poor. According to Oosterlaken (2009) capabilities may offer an alternative to human dignity and human rights as the first principle of design as proposed by Buchanan in 2001

Retrieved from <http://designwashere.com/80-inspiring-quotes-about-design/>

Stories to digital storytelling

Miller (2008) writes that storytelling is an ancient human activity, which not only transports the audience on a stimulating journey of the narrator, but also reveals the secrets of the human behavior and inspires the audiences to do moral deeds and actions. Miller refers to Dr Daniel Povinelli who states that 'Humans are hardwired to tell stories'. Campell (1988) relates that myths were one of the earliest forms of storytelling and storytellers not only narrated, but also encouraged the audiences to participate in them as religious rituals, thus making them the first participatory dramas. Fields and Diaz (2008), while acknowledging stories' historical strength in a socio-cultural context, declare that stories inspire moral actions, not only because they are grounded in traditional or religious scenarios but also because of their empathic capability.

Ganz (2001), in his research on the power of story in social movements, says that storytelling can develop agency, reformulate identity and afford access to motivational resources to form leadership groups, find a new organization and launch a new social movement. He elaborates that although stories are seen as discursive structures, they are also performances in which the 'text' is action as well as word and symbol. Digital storytelling is a workshop-based participatory method conceptualized by Dana Ashley who with Joe Lambart in early 1990s established a Centre for Digital Storytelling (CDS) , where people are taught to use digital media to tell short audio-visual stories. Digital storytelling is a community media practice, which is situated in the global media sphere, according to Hartley and William (2009). The DS medium brought the same art of storytelling to the digital age, thus giving voice to myriad tales of everyday lives of ordinary people. Although it employs the latest technologies, the focus and purpose is simple—human and participatory (Ohler, 2008; Miller, 2008; Fields & Diaz, 2008; Hartley & William, 2009).

Digital story can be defined differently depending on the context in which it is being connected with. For example in business, marketing and advertising, visuals with voice-overs have long been used to share stories of businesses, products and concepts with their employees, clients and consumers. In the education system (K-12), it can be a way to visually retell stories through *PowerPoint* presentations. More recently art performers on stage are employing this medium to amplify their performances. However, in context of this project, 'digital story' (DS) is defined as a time-based visual package of still photographs, images, artwork, music and first-person sound narration.

This project draws on digital storytelling (DST) workshops in a culturally diverse community setting, both as a tool of ethnographic research as well as collaboratively designed artifacts, which will be shared through the medium of a web site. Workshop techniques of Lambart's (2010) story circles, Meadows' (2003) BBC Capture Wales project and Ohler's (2008) digital storytelling in classrooms have inspired this exploration of multimedia visual communication medium for advocacy and the well being of new immigrant/refugee communit. Visual and narrative—both ways of communicating are equally important to the objectives of this project. For

example, in the case of new-immigrants, what are the messages that need to be communicated, in order to help bring awareness about their challenges to access healthier lives as immigrants and refugees? And how can these messages be best communicated through visual medium of photo and voice? This kind of digital storytelling, with regard to these marginalized communities here in Edmonton, can open new ways of participation and collaboration for health and well being initiatives through 'story circle groups' and a web site.

Digital stories, design and action

Digital storytelling is a strong method for creating participatory spaces for communities for the purpose of sharing their first-hand experiences. The popularity of social technologies/internet in the lives of common citizens and the usability of low-cost cameras, non-linear editing software and laptop computers in DST, makes it worth exploring for a kind of a social change within the framework of a 'social model' of design.

For new immigrants/refugees in Canada, especially women, health care is far from universal. In many cases, language barriers or differing cultural expectations and practices drastically reduce a woman's ability to get well and stay well. These obstacles can even mean the difference between life and death as reported in various Canadian newspapers and magazines such as *Edmonton Journal and Readers Digest*.

According to Bromley (2010), it needs to be considered how projects, activities and processes can bring about changes at the individual and collective level, both in the self and in its relation to changes in others. He suggests a need for innovative and creative processes to articulate community experiences and requirements. He says:

Migration, and migrant cultures, form part of the region's history and 'inclusion' has to take account of this ... instead of a regional policy that seeks to harness migrant experience to its larger project, it is necessary to start at an earlier stage by asking how cultural processes might not express, reflect or articulate a 'community'; but, on the contrary, how innovative and creative cultural processes might actually produce, not communities as such, but a range of complex and diverse community identities. (Bromley, 2010, p. 11)

Collaboration with the Multicultural Health Brokers Coop provided a chance to explore participatory design intervention process based on digital storytelling workshops for community health workers. The collaborative practice of DST explores how these could offer unique opportunities to embody and re-illuminate the human story, foster citizenship, participation and give voice to narratives of human experience to advocate for equitable policies for well being.

Lambert (2009) acknowledges that the DST approach is borrowed from a participant-centered perspective of education and community development and he agrees that there is a lack of research and analysis that

compares this work to other practices. He recognizes a need for a framework to assess and evaluate the work to meet requirements of the distinct disciplines and discourse models such as those of community art, education, media theory or a social community.

Fuad-Luke (2009) stipulates that many design approaches are issue-led which places the design process in the realm of action leading to activism to address contemporary issues of the society. He states:

Design activism is design thinking, imagination and practice applied knowingly or unknowingly to create a counter-narrative aimed at generating and balancing positive social, institutional, environmental and economical change. (Fuad-Luke, 2009, p. 27)

This inquiry combines Lambert's DST approach—finding appropriate social contexts for sharing that would enliven the individuals and their communities to their potential to action—with Fuad-Luke's emphasis on design-based action which leads to eliciting a societal change and transformation.

The following are the two preliminary questions about storytelling/digital storytelling in the participatory (visual communication) design process that emerged from the contextual review:

- What are the elements of story that a digital story should (or could) include to be effective in transferring knowledge to marginalized immigrant /refugee communities and at the same time advocate for their healing and well being?
- How do we combine essential digital storytelling literacy, digital art, and participatory design action research to inform the design process?

Research

Throughout the process of collaboration and participation the research question was re-addressed to reflect participants' needs and requirements.

Initial research question

How can the access to health care services for new-immigrants and refugees be improved through participatory design process?

Design research question

How can participatory design research methods based on digital storytelling workshops, support health and well being of new immigrant and refugee communities?

Secondary research questions:

- Can collaboratively-designed digital stories for the internet, through participatory design workshops, give health brokers and new-immigrant/refugee clients, a better understanding of eachothers' needs, and what does the experience of workshops have to offer to participant stakeholders?
- How can we explore ways to connect designers with social change organizations to facilitate the transfer of knowledge for the well being and health of marginalized communities?
- Can a design process, based on participation and collaboration, influence awareness and behavior in new immigrant and refugee communities? And what are the implications for participation?

Method

Research Design

Frascara's (1997) call to identify important problems of today's society and then to develop interdisciplinary strategies to deal with them informs the design of a research method in this exploratory inquiry. Frascara invites design researchers to think beyond the rigid boundaries of disciplines and to respond to socioeconomic human needs. He says that:

The design of the research method and design of the design method are tasks of higher order than to design the actual communications. (Frascara, 1997, p. 33)

The complexity of social and culture variations in diverse communities prompts an adaptive response while designing a research method in this study. Since this research is based on collaboration with unique ethnically diverse new immigrant and refugee communities, there was no blue print for how to do it. It evolved and adapted with the distinctive needs of the community stakeholders.

The proposed plan of design research involved the following four interrelated parts:

1) Developing a thick description of the context based on:

- An observation and shadowing experience
- Informal interview discussions
- A focus group discussion

2) Digital storytelling workshops

A series of five workshops based on training and exploring basic techniques of digital story telling with identified community participants.

- Story circle—initiation
- Story circle—exploration
- Digitizing stories—introduction 1
- Digitizing stories—introduction 2
- Digitizing stories—weaving images with narrations
- Sharing and showcasing DS for peer review and feedback

3) Testing, feedback and expert interviews

Focus group and feedback sessions with separate groups of new immigrant community members and with the multicultural

health brokers, who were not part of digital story telling process. The sessions comprised of a few opening questions and then responses of the audience towards the experience of hearing and seeing the stories. These were recorded and later analysed for finding themes, and making recommendations.

Semi-structured expert interviews with three people, who were identified as having an experience of issues of social equity and advocacy for new immigrant and refugee communities. Digital stories created during the workshops were shared with these experts for semi-structured interviews. This expert feedback can help to develop data for analysis.

4) Reflections and project outcomes

This involved reflecting on results of the evaluation and on the whole action and research process. Reporting the project outcomes may lead to outlining suggestions for social change in terms of healthier lives in new immigrant/refugee communities through collaborative participatory action design. It can also guide towards the identification a new problem or problems and hence a new cycle of observing, planning, acting and evaluating.

Process

Participatory design exploration (in action)

Planning, observing and developing an understanding of the context, represent the formative phase of this research journey. The following is an account of the participatory action exploration and design integrations which evolved in response to the project needs through participation of the community health service organization. The collaborative partner—Multicultural health brokers cooperative—is a community organization that operates in a third space between the government and the new immigrant and refugee communities in Edmonton, Alberta.

The inquiry itself spanned a period of one year, and went through a number of different cycles. However, the process was not linear during this exploration. The framework that evolved through these cyclical iterations is presented as 'participatory action-based design research model' (P.A.D.R. model) in fig 2. For the purpose of making it more accessible, the following four iterative cycles of the study are described.

Cycle 1: Identification of issues to be explored and design integrations

Cycle 2: Stakeholders participation and DST approach

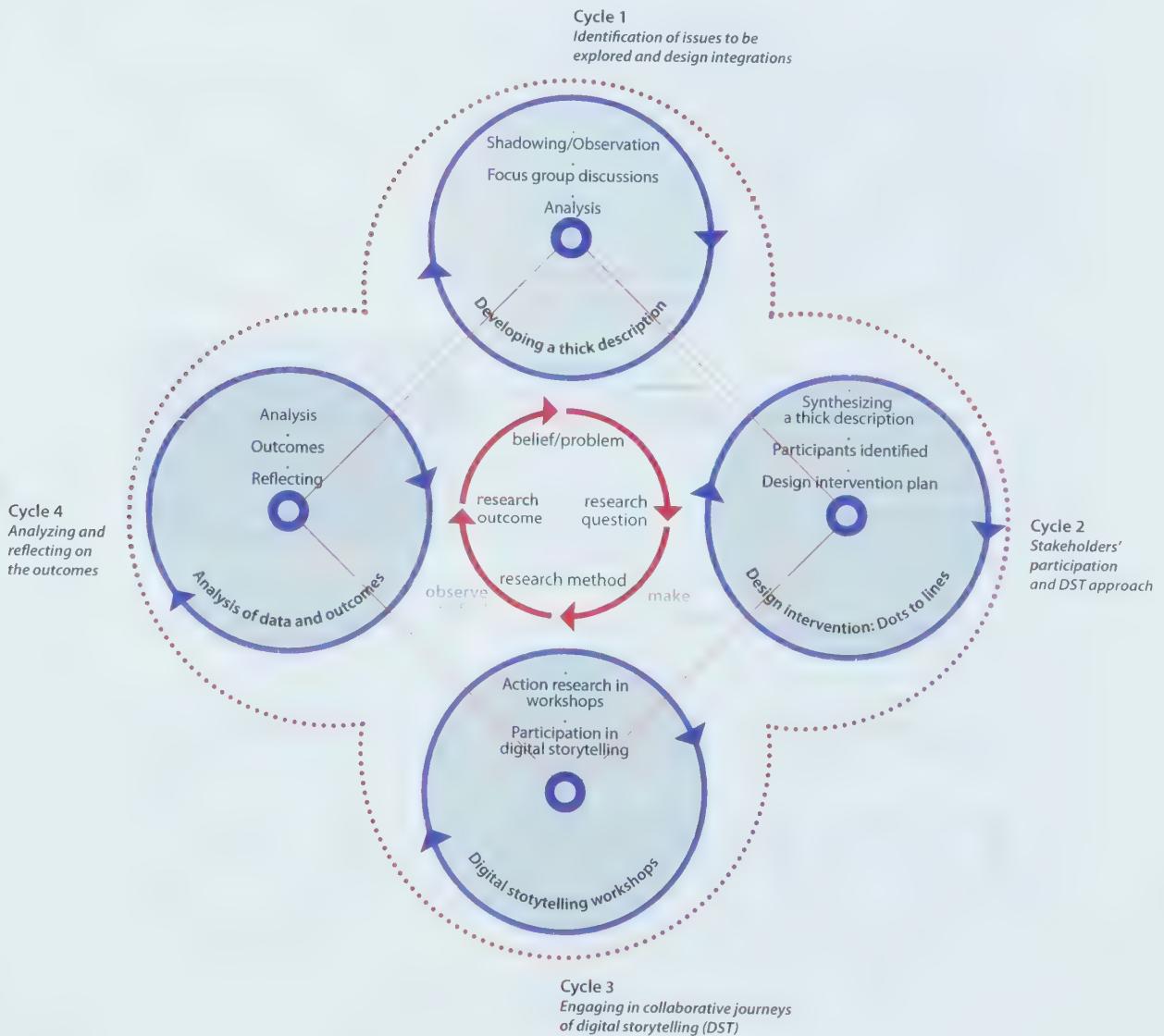
Cycle 3: Engaging in collaborative journeys of DST

Cycle 4: Analyzing and reflecting on the outcomes

Fig 2 |

*Participatory action design research (PADR) process model: Cycles of inquiry
Iterative cycles of participatory inquiry. Design process.*

Following are cycles of iterative and recursive inquiry based on the framework of participatory action design research (PADR) within a multicultural community setting



Cycle 1: Identification of issues to be explored and design integrations

Developing a 'thick description'

'Thick description' is the term that was used by Clifford Geertz (1973) to explain his method of doing ethnography. Recently the term and methodology is used in social sciences as a way to develop better understanding of not only the human behaviour but also its contexts. During this project, while building a thick description of the existing context of new immigrants and refugees at MCHB, the design researcher was not just a participant observer but also a change agent to support a participatory action. The advantage in this kind of explorative and integrated inquiry has been that the approach was not limited to asking questions from the community representatives, stakeholder and participants, but focused on the reciprocal interactions between both the participants and the researcher that made them all co-researchers and co-participants.



"We at MCHB Coop, operate in the third space between the government and community to support and advocate for socially, politically and economically marginalized new immigrants/refugees who are severely disjointed from the mainstream community."

(Yvonne Chiu, MCHB Coop, 2010)

Shadowing was also the part of the process to develop a thick description. Quinlan (2008) explains the shadowing experience of a researcher as closely following a subject over a period of time to investigate what people actually do in their everyday lives, not what their roles dictate of them. She reports that behaviors, opinions, actions, and explanations for those actions are reflected in the resulting thick, descriptive data. In order to develop a thick description about the community of new-immigrants and refugees and health brokers from the Multicultural Health Brokers Coop (MCHB Coop), six months were spent shadowing the health brokers in their various community meetings and community interactions.

In the formative stages of the study, this experience helped in developing a better understanding of the real-life, emotional and cognitive aspects of the community members. Based on the proposed research method, the inquiry also led to exploration of several additional disciplines including community development in multicultural community settings, social marketing, idea generation, visual ethnography and participatory action research.

Taking part in the journeys of Multicultural Health Brokers

The shadowing experience provided valuable insights into the journeys of health brokers while they worked on their projects of assistance to new immigrants /refugees in need of health care system access. From these insights emerged a list of common challenges faced both by the brokers as well as new immigrants/refugees who accessed health service.

Members of the Coop were interviewed informally to find out who they were as Multicultural Health Brokers and what is their vision. Health

brokers and workers at Coop represent 18 local communities: Arabic-speaking, Chinese, Eritrean, Ethiopian, East European, Filipino, French-speaking African, Korean, Kurdish, Iraqi, Iranian, Somali, South Asian, Spanish-speaking, Sudanese and Vietnamese. The group is comprised of new immigrants/refugees, primarily women.

Triangulation of observational findings and the researcher's prior knowledge from volunteering for other similar organizations in Edmonton led to the development of the meaning of a healthier life in the context of this project. Healthier life in this project as defined by Ottawa Charter of Health Promotion⁸ 1986, which states it to be based on and including: peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. This reflects that health and well being is a complete state of mental and social well being. The experience of developing a thick description enabled a closer look at the determinants of health in new immigrant and refugee communities. These include, as also mentioned in the WHO glossary for health (Nutbeam,1998): income and social status; social support networks; education; employment and working conditions; physical and social environments; healthy child development and health services.

Summarizing the findings of shadowing/observation experience

The unique challenges and some of the strongest issues that affect the new immigrant/refugees living in Edmonton are:

- No link between what is heard before coming to Canada and what is actually experienced after landing here primarily with regard to jobs;
- general feeling of remorse and depression and hopelessness due to having to compromise from your previous academic and professional experience to undertake irrelevant jobs;
- academic and professional credentials not being accepted;
- support required for transition from 'survival to thrival' mode;
- language barrier for a wide percentage of females and senior immigrants, which inhibits their access to health, education and general civil services;
- lack of literacy of the system to access it for basic survival;
- urge to build power and capacity;
- parenting and understanding the education system;
- pre-natal, post-natal and child birth in Canada;
- affordable housing and transportation; and
- participation in meaningful and culturally relevant leisure activities.

One of the community workers with an extended work experience with new and settled immigrant communities in Canada shared that:

"when immigrants first come here they are very resilient and over a period of time this resilience is broken down due to lack of effective systems to address their need to transition smoothly into the main stream and becoming contributing citizens rather than dependent citizens".



Fig 3 | Observation and shadowing experience
Dental hygiene class, post natal meeting and cultural storytime for families and kids in multicultural new immigrant/refugee community settings

Cycle 2: Stakeholder's participation and DST approach

Design interventions (Dots to lines)

An important aim for shadowing, observing and interacting with the multicultural health brokers in the formative stages of this study was to develop understanding and trust of the stakeholders (MCHB). It also helped to identify, together with the community stakeholders, possible areas of design interventions which could address the issues of overall health and access to healthier lives of new immigrants and refugee communities. The use of participatory approaches that could enable people to take greater control over the conditions affecting their well being, positively emerged as the most important feature since it embodies key health promotion⁹ values: empowerment; social justice and equity; inclusion and respect. This was the beginning of involving the stakeholders at the beginning of the design process in a journey of exploration. The design research process involved many conversations and analysis—about goals and actions to achieve them—conversations with co-creating stakeholders and participants. The stakeholder participants experience during all stages of practice informed the process of inquiry.

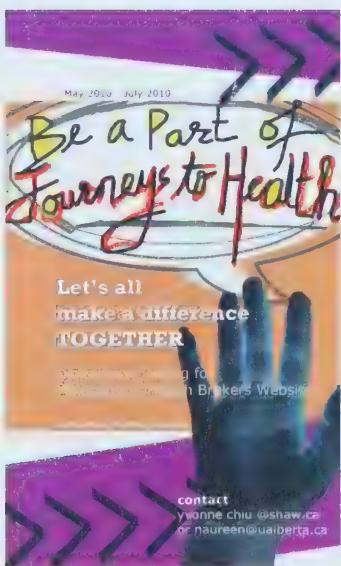


Fig 4 | Posters were displayed at MCHB Coop office to inform and invite volunteer participation in the upcomming DST workshops following a introductory presentation to the group

During a formal presentation at one of the MCHB Coop's monthly staff meetings, the idea was presented to the group for collaboration and design participation to identify areas requiring design intervention for communities' well being and health. Based on the contextual analysis and health brokers' experiences, the group was then invited to develop corresponding visual communication tools to support and advocate for equitable access to health services and healthier lives. The outcome of the shadowing experience, observational findings and presentation meeting led to a focus on the MCHB website project, which was suggested as a medium for sharing knowledge, developing a connection to mobilize new immigrants/refugees and the mainstream community for change through the participatory creation of digital stories. The health brokers strongly supported the idea and participated in the basic mind mapping for possible areas and issues to work together on. Eight health brokers providing service to eight diverse ethnic communities signed up and volunteered to participate in the journey. Information posters to encourage active participation in the digital storytelling workshops were shared and displayed at the Coop office.

"Reality is tougher than it might appear", commented one of the health brokers. MCHB Health brokers perform different roles in their communities varying from that of information providers, connectors, adult educators, facilitators, friends and mentors. All the background information,

shadowing experience and the presentation meeting helped in making connections and developing mutual trust with a group of health brokers who volunteered to take part in the process of this design exploration. As Gregory (2009) reports, during the cultivation phase of making collaborative design strategy, a defined outcome is not certain but it is negotiated with a broader set of objectives. She further suggests that strategy is characterized by improvisations with a strong emphasis on flexible negotiation while keeping the design options open. Similarly here the in the process of "joining dots to making lines", that is developing trust and collaborative connections, was not predefined with a rigid agenda. It adapted to the requirements of the community stakeholders who were co-researchers and design participants.

Recruitment of participants

Individual volunteer participants for the initial focus group discussion and the following DST workshops were identified mainly through informal discussions with different community health brokers and their community members. Project information posters were displayed at MCHB Coop office. Information about the DST project and an invitation to participate in the focus group discussions and forthcoming DST workshops was sent to the interested volunteer participants and to a wider community of MCHB workers (see appendices).

Participant profiles

All eight participants were multicultural health brokers and were either landed immigrants or refugees, from Mexico, Cuba, Vietnam, Phillipines, Romania, South Asia and Germany. On average, each group member had been in Edmonton as a first generation immigrant for about fifteen years. Seven participants were women and one a man between the ages of 35 – 57 years. All had a University education and had professional backgrounds from the countries of their origin. Their basic professions were psychologist, graphic designer, agriculture university teacher, nurse, and university professor. Each one of them has been with MCHB Coop for more than six to ten years.

Introductory focus group discussions

Between the period of May 21 and May 30, 2010 the group of volunteer participants met for two focus group discussions and explored various aspects of challenges of immigrant/refugee communities. Both sessions were audio-recorded and ideas explored by the group were recorded by writing on flip charts and adhesive notes. Many of the themes and issues that surfaced reinforced the themes identified in shadowing, observation and informal interviews.

Objectives

- To develop first-hand understanding of the Multicultural Health Broker's role in providing service and areas of service;
- To establish the context of collaboration for participation;
- To build mutual understanding of the 'how' and 'why' of participation, and;
- To evaluate the appropriateness of the proposed medium of digital stories, for the communities in focus.

"People from immigrant and refugee communities have increasing trust in usage of internet, especially those between the ages of 20 – 45 years of age"
(Focus group participant)

Findings

The main themes that were identified in these discussions were:

- mental and emotional health challenges;
- economical instability;
- lack of academic and professional credentials being accepted;
- parenting and participation in education for children;
- conflict resolution;
- family violence;
- lack of self-esteem;
- social isolation; and
- lack of knowledge about resources for new comers coupled with language barriers.

Participants shared that most of the community members had access to computers, Internet and are comfortable to build their knowledge about resources through the use of these electronic mediums. Majority of participant health brokers had a very clear understanding about how these DS could be used in their communities.

The initial idea of about who would participate in the DST workshop participants changed in light of the group's input. Getting new immigrant and refugees to tell stories and invest time and energy at the cost of their livelihoods was not determined to be an appropriate option. Further research into ways to involve and interact with them in the DST process was required. In order to do so knowledge about challenges of community had to be built in collaboration with the health brokers.

"I never thought of making a relationship between information sharing and storytelling and [that too] digital storytelling. But I am very interested to learn how I can help my community to access resources and information through these stories. I believe that these can help in overcoming barriers that new immigrants have due to perceived assumptions". (participant)



Cycle 3: Engaging in collaborative journeys of digital storytelling (DST)

Digital storytelling workshops

Fields and Diaz (2008) state that stories construct our individual identities and the identities of the communities to which we belong. They further identify that stories inspire empathy that helps in constructing our values of morality. According to them stories are effective information sharing tools, which assist in creating sense in chaos of today's world where individuals are bombarded with information from which they construct their knowledge and worldview. The digital technology has had a huge impact on information sharing and it has provided new ways to receive and send information (Miller, 2008). The DST workshop approach here is informed by participatory and collaborative design and research methods for social change and transformation and is inspired by the workshop approach of the Centre for Digital Storytelling Berkley, USA.

Who: Ten volunteers (nine women and one man) signed up to participate in the workshops in response to direct emails, posters displayed at the Coop office and the presentation at MCHB Coop's monthly meeting.

Technical Facilitation: In collaboration with the Visual Communication Design department's technical staff at University of Alberta, arrangements were made to get access to a Macintosh based computer lab for the workshop participants. The U of A's Academic Information and Communication Technologies (AICT) department created temporary accounts for the workshop participants to access computer and internet services, between June 12 – July 16, 2010.

Workshop Facilitator: The participatory design researcher was involved in multi-tasking, while devising adaptable plans as the workshops progressed. Orchestrating the research inquiry; collaborating between different departments and volunteers; and DST workshop, planning and facilitation were the main areas of responsibility.

Where: The workshops took place in the Visual Communication Design studios in the Fine Arts Building at the U of A, Edmonton AB, Canada

Why: The premise of DST workshops was that participation of stakeholders in the design process could evoke the spirit of self-efficacy, empowerment through building capacities¹⁰ and developing capabilities for

¹⁰ Stakeholders participation in this project for health and well being, is not only invited for the communication of information, but also for fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve health. This includes improving knowledge, and developing skills which are conducive to individual and community health

a social change¹¹. At the same time the artifacts created would advocate for and initiate conversations within the different facets of the mainstream Canadian community.

Duration: The group met for five workshops, one every week, during June and July 2010. However, there were individual one-on-one sessions between the week number four and five that supported each participant in their respective learning styles and creative output. The meeting for each workshop lasted for between two to two-and-a-half hours.

Participant profiles

The group of volunteer participants was finalized as a group of six women between the ages of 38–58 years approximately. This corresponded to the structure of the MCHB Coop as well which has been an all-women action group since its inception and it is only recent that one or two young men have joined in as health brokers. Workshop participants on the average were university-educated and were from Spanish, Filipino, Vietnamese, German and Eastern European communities.

Challenges for participants

- Time allocation
- Traveling to U of A, from their respective places of community service commitments
- Working with Macintosh computer technology
- Crafting a story script for narration
- Vulnerability in sharing personal accounts of struggles

The original plan to conduct five to six workshops with the volunteer participants from MCHB Coop was adapted and modified. As the dynamics of the group developed, it was observed that group sessions moved on to become individual sessions in view of the health brokers evolving requirements such as their community health commitments and different learning styles. Responding to these, some individual work period sessions were also included. The design facilitator's role in these sessions was that of an extended tool only. In order to maintain authenticity of experience through shared voices in DSs intact, participants were encouraged to craft their DS themselves while technical assistance was provided at all stages of their digital story creation process.

The workshop sessions were based on exploring basic techniques of digital storytelling to assist in eliciting individual stories from the workshop participants, which could help new immigrant/refugee communities in a healthier transition and integration into the mainstream Canadian life.

¹¹ Social change here means functioning together, minimizing the gap between marginalized minorities and mainstream communities to foster healthier new immigrant and refugee communities

The DST workshop process went through the following work themes during the five weeks:

1. Story circle— initiation;
2. Story circle—individual story explorations + script writing for narration; talked about identifying visuals;
3. Digitizing stories—introduction to scanning, images from internet and citation of sources + copy rights + introduction to iMovie HD;
4. Digitizing stories—recording narration + work period, working on individual stories; weaving images with narrations; adding titles in DS and saving for sharing through DVDs; and
5. Sharing and showcasing DS for peer review, feedback about the process and digital stories

Fig 6 | DST workshop—Story circle initiation



DST workshops with health brokers

The following is a more detailed description of the workshop sessions.

1. *Story circle— initiation (Day 1)*

- Introductions and sharing a little personal story from their background as immigrants/refugees in just a few words
- The group collectively developed ground rules for participation and sharing of stories
- Sharing scope of DST workshops project
- Discussed the ethics of respecting copyrights
- Rights of participation in research and consent form for participation in this phase of research
- Stages and elements of a digital story (DS)
- A few examples of DSs were shared and then deconstructed as individual elements to understand the process and elements of a DS
- The group collaboratively created a word bank of feelings based on experiences as multicultural health brokers
- Various story topics were mapped leading to prompts for the next brainstorming session
- Prompts such as character, event, accomplishment or place were given to help in finding their individual stories
- The group was dismissed to write their individual stories for first sharing in the next session
- The group planned together for next workshops schedule and time. This activity was done in the following sessions too, to adapt around varied schedules
- Lunch was served at the end of each workshop session

A participant communicated that "we at MCHB Coop are convinced that a preventive approach needs to be developed rather than the prevalent reactive approach, in order to help these emotionally, economically vulnerable communities from becoming a case".

Fig 7 | Story circle to Digitizing stories



2. Story circle—explorations (Day 2)

Ohler (2008) stressed the importance of having a well thought-out story and cautions that there are rules about digital storytelling. He states that perhaps one story without digitizing can work but digitizing without a story will not. Stories written by all participants were narrated, which led to discussions and peer responses to the stories.

Participants were encouraged to think of specific audiences. While giving feedback to storytellers, the group focused on importance of these stories with respect to new immigrant and refugee communities and the intention of sharing each story with the prospective audience was also explored. It led to hearing and responding more clearly for final recording of the narration. The session ended with some home work of finding visuals and refining their narrative scripts.

3. Digitizing stories (Day 3)

The group was divided into pairs to narrate their final stories to each other and respond in terms of the following four phrases:

- I noticed...
- I discovered...
- I felt...
- and I learned...

The next few minutes were spent incorporating the feedback into their stories to speak more clearly to the objective for creating this information. Other activities during the session were:

- An introduction to iMovie HD was given through a small example of creating a clip with four images and a background narration recording
- Participants were also introduced to scanning photographs
- A few participants recorded their final story narrations in iMovie
- Workshop participants' feedback was sought at this stage to evaluate the effectiveness of the teaching technique, the usefulness of the medium for new immigrant/refugee communities and any suggestions to further facilitate the DST workshop process (See appendices)

Findings of feed back and adapting to a few one-on-one sessions

- All participants found three sessions useful in developing and crafting their stories
- Participants reported that they felt, they were all making a valuable contribution for their respective communities, through their digital stories. The workshop participants believed that they could provide advice and information by means of this medium
- With the exception of one participant who already had background training in computers, all five were interested in having one-on-one sessions and wanted to spend some more time on their stories with the facilitator
- Feedback again showed that everyone was very focused on the process despite the hurdles of lack of time and previous lack of knowledge of digital technology
- This feedback confirmed the method of workshops and served to positively move ahead while building group consensus

"All the guidance [is] already been given by you. I need assistance just for some finishing touches, comments and suggestions on my DS".
(DST workshop participant)

Fig 8 | *Digitizing stories—weaving images with narrations*



"I feel it is a valuable contribution to my community because most of them are not familiar with MCHB and services."
(Participating health broker)

Some of the participant comments from the feedback forms are as follows:

"I need help to create a DS, to import pictures and music. It is my first DS and I find it is very interesting."

"I would like to have more time to practice with the facilitator"

4. Digitizing stories—Weaving images with narrations (Day 4)

The fourth workshop session was continuation of work period on individual digital stories. During this period, three participants booked extra time with the facilitator to get one-on-one support in terms of technical assistance. Two participants had finished their DS by the end of fourth session. Two needed one extra hour of work, which they managed to complete the following day. One participant wanted to spend extra time on perfecting her voice recording and was not satisfied with her choice of images until two days before the last workshop session meeting.

5. Sharing and showcasing digital stories for peer review and feedback (Day 5)

In the last workshop session, all participants moved out of the lab setting into a new room with an overhead projector. This was the day to share and review and get peer-to-peer critique about the individually narrated and designed digital stories. There was nervousness and anxiety in the air and all sat around the table waiting for the moment of experiencing the digital stories together.

Three newsprint paper sheets with the following headings were put up on the wall for mapping their feedback: response to experience of watching DSs; response to the experience of participation in DST; and finally their views about how these DSs might help their communities.

One participant suggested that these DSs would have more impact on the intended audience if the script is written and narrated in the narrator's first language and with subtitles in English language. At the end of the last session, everyone made suggestions and identified a few minor technical things that could be improved .

Overall all the workshop participants felt satisfied about what they had managed to accomplish within a couple of weeks and were confident that this would make a meaningful contribution in their struggle of bringing about a healthier social change in their marginalized new immigrant and refugee communities. At the end of session each participant was presented a DVD of her created DS.



Cycle 4: Analyzing and reflecting on the outcomes

Analysis of data

In human-centered design, Krippendorff (2006) notes that it is the communities that claim their stake in a design and that they must be convinced by the designers' use of methods. Since the beginning of the process, discussions with the community representatives and health brokers from MCHB were a significant part of project planning. Similarly, for evaluation purposes, the stakeholders were active participants and data was collected from: DST workshop participants, health brokers at MCHB Coop, new-immigrant /refugee community groups, and from experts who had an extensive work experience with these marginalized communities.

The following tools were employed to collect and study data about the artifacts (DSs) and the participatory approach practiced. Suggestions for future design interventions based on this approach can be recommended after triangulation of findings and analysis of questionnaire feedback; informal discussions; and semi-structured interview discussions in response to showcasing of the DSs created in the DST workshops. The content was read, re-read, listened-to and transcribed (in a few cases) to highlight recurrent themes. The research outcomes are shared with regard to the above-mentioned three stakeholder groups.

a. Mid-workshop feedback

(See appendices for detailed questions)

At the end of the third workshop session, feedback from five participants gave insights about the strengths and weaknesses of this DST workshop technique. All five participants responded and found the experience of attending the workshop useful and learning creative skills, interesting. They were all convinced that through this process of learning, sharing and creating they are making a valuable contribution for their communities.

One participant responded rather poetically as:

"Same problems; different countries
Same flowers; different gardens"

The workshop participants felt that in order to make their final DS they would need at least one individual session with the facilitator. Despite being hard-pressed by time, they were devoted to sharing their stories of healing with which they believed that they could help mobilize others in their individual communities to elicit more stories.

During the process of creating her own story, one of the participants shared her own journey of immigration in much more detail. She talked of her struggles, her past, her resolve and her transformation into somebody who was a more empathic health broker. She shared that in

her work as a health broker she is not only connecting her community clients with the appropriate health service providers, but was also healing herself. The process of DST in these workshops has made her look back at her journey with a different perspective. She feels empowered after the process and can see how she has re-emerged as a new and stronger person who is not only taking care of her self, but also supporting others in similar situations. Her achievement of engaging in creative activity to create better help networks is making her happy.

"I feel that with this DS I can also share with my family and friends about what I do as a health broker at MCHB", she commented.

b. Final workshop feedback and peer review

(See appendices for detailed questions asked)

All the workshop participants, generally worked together in the same computer lab and reviewed and critiqued each other's work. During the last session where all five digital stories were viewed together, those were received with warmth and awe. A few instant responses were: speechless; interesting; true love; amazing information; and a peek into our lives as health brokers. The participants shared why they had chosen their particular story topics and how these would help in building visual archives of knowledge of experiences and information for these immigrant and refugee communities. Being participants, collaborators and stakeholders in this exploratory inquiry, all were encouraged to mobilize their communities for creating more of these experiential information based DS to shared through the MCHB website. All participants noted that they had acquired new technical skills in the process of digitizing their stories. The challenge of time commitment has been an ongoing struggle for all.

The following are a few responses from the DST workshop participants, from their DST journey, who shared their feedback about the DST process :

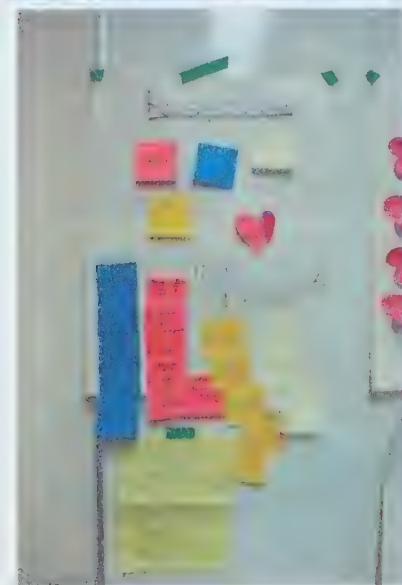
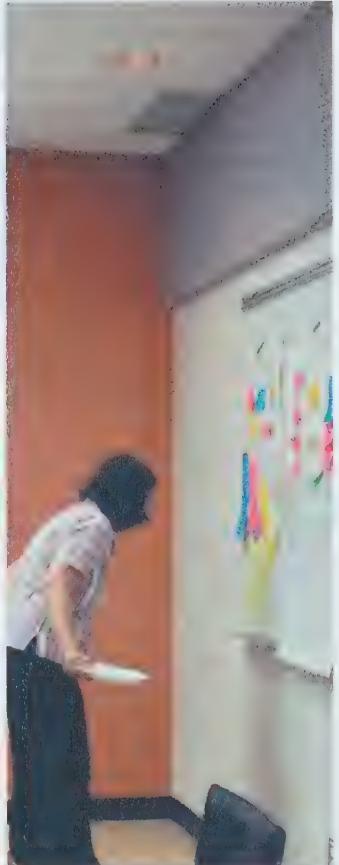
"My experience as a participant in the digital story exercise was interesting from the moment of selecting an idea to the actual process of putting together all the elements. The major challenge was time dedication to the project. Struggle with not having the right images to create the story that I had in mind."

"At first I was excited and interested because it was my first time to create a digital story. Then came its challenges...time is a big factor but overall I am satisfied with the story I made and with the new knowledge that I have."

"I found DST a bit difficult."

"I loved to participate in these workshops, but I think I needed more time to achieve what I would like. I would want to record vocals in my own language with English translation or titles."

Fig 9 | Digital stories showcasing in the last workshop for peer-review and feedback



"Sharing our experiences in this way of DST we can form virtual support groups". (A workshop participant)

"If only we could have them in our first language these would speak better to our communities". (Participant)

"The process helped me to improve my computer skills". (Participant)

c. Showcasing DSs—Filipino community group

"Listening and experiencing these digital stories would be more useful as compared to somebody who need assistance in reading this information in print or on the website". (Immigrant community participant).

Fig 10 | Digital stories showcasing with the Filipino community



Multicultural health brokers conduct pre-natal and post-natal workshops in their respective communities on an ongoing basis. A health broker from a Filipino community, who was also a workshop participant arranged to share these stories in one of her pre-natal classes. The basic aim was to get feedback and response of the community members to evaluate the created digital stories. It was also intended to find if some would like to participate in the future DST workshops and contribute in the community knowledge-sharing, based on their unique positions as new immigrants.

This was a short session based on viewing and sharing feedback about DS with a group of fifteen women and two men. The main findings of this session were that this community of immigrants was very accustomed to using of the Internet and accessed it quite frequently as a resource for information finding. The following questions were put up to the audience for their response and feedback: How would you describe your experience of seeing these DS? ; Do you relate to the experiences shared? ; Was the information shared valuable and would you like to share your own story in a similar workshop?

The few community group participants responded as follows:

"Remarkable—as I listen to these stories I got to feel the experience of storytellers. Their experience of handling these challenges can help the newcomers. Everything they say in these stories is very helpful."

"It's hard to find anybody even in your own culture to help you in your transition. Seeing these stories it seems that they can be really helpful to new immigrants."

"I think this is an amazing way to reach out in the community with information for assistance. For my 17 years of life here, I have never come across this medium to facilitate newcomers", shared the pre-natal group facilitator.

The group was reticent about sharing their own stories and out of a group of eighteen only three persons showed an interest in participating in a DST workshops.

d. Showcasing DSs—MCHB general meeting

(See appendices for detailed questions asked)

Finally the five digital stories were shared at a showcasing session at the Coop's office with about twenty-five brokers in attendance. Questionnaires were distributed at the end of the session and twenty participants responded. Ninety-eight percent of the brokers' feedback supported the concept of having DS and DST workshops in future, for both the communities and health brokers. It clarified the misconception that new immigrants and refugees were not be equipped to interface with digital technologies for their informational resources. The main challenges highlighted in this feedback were more or less the same that emerged from the prior workshop session.

Extracted themes based on responses of expert discussion are as follows:

| Challenges | Suggestions | Uses/Advantages |
|---|---|---|
| Time and schedule conflicts | Invite prominent and successful immigrants and refugees to share their DS | Education |
| Fear of technology | All brokers have stories and knowledge; so they should all do DST | Information about resources, struggles and networks |
| Language barrier | Eliciting parenting stories | Uncovering emergent issues |
| Resources | Do DST in the first language | Creating strength, hope, agency and advocacy |
| Access to technical equipment | DST should be made integral part of MCHB for: reporting, revealing areas of emergent issues and to build understanding of each other's communities. | |
| Traditional culture | | |
| Shyness, embarrassment to share personal challenges | | |
| Economical challenges | | |
| Confidentiality | | |

Fig 11 | The table highlights the challenges, suggestions and advantages of DST and the resulting DSs, as identified by the group of health brokers at MCHB

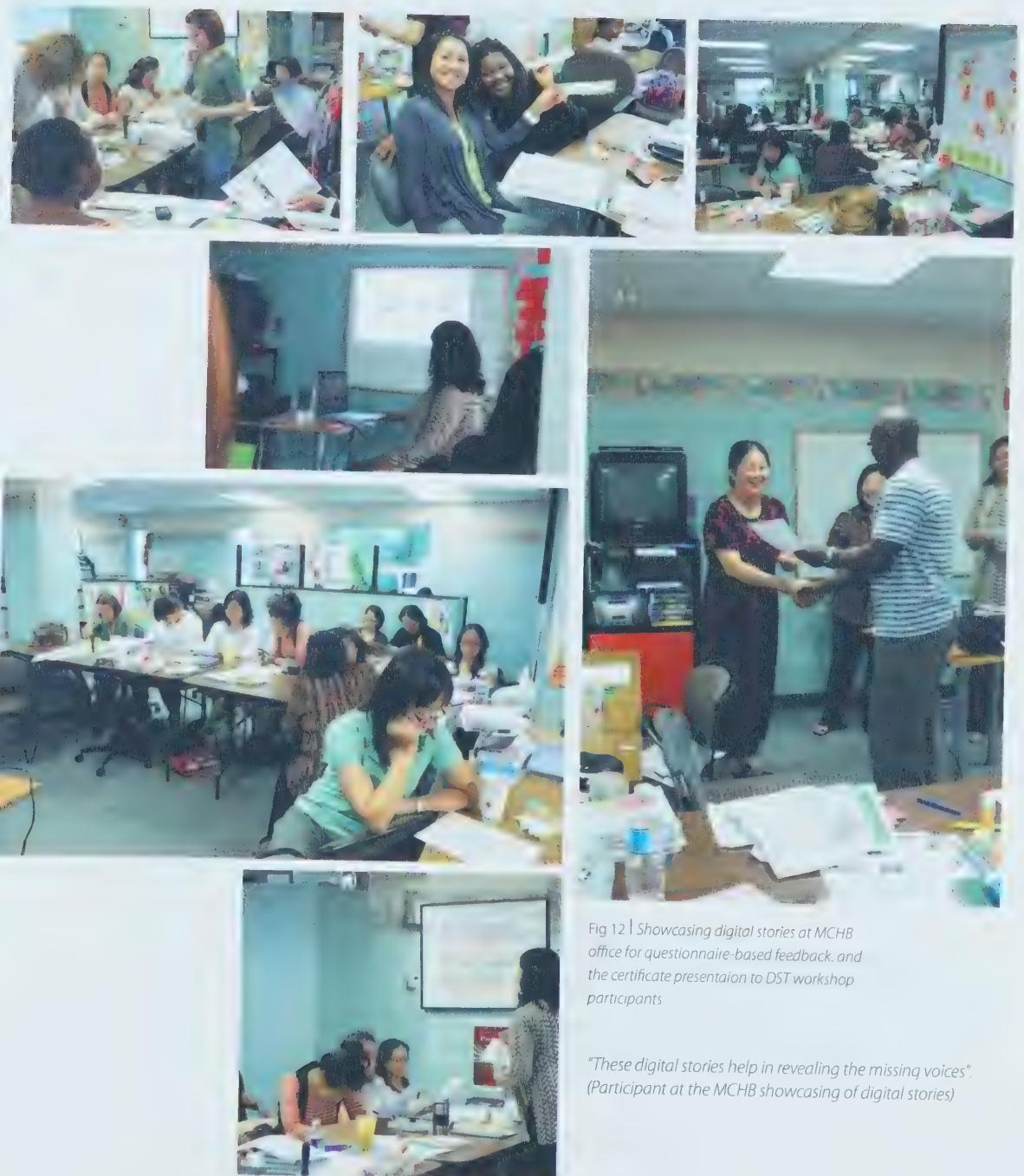


Fig 12 | Showcasing digital stories at MCHB office for questionnaire-based feedback, and the certificate presentation to DST workshop participants

"These digital stories help in revealing the missing voices".
(Participant at the MCHB showcasing of digital stories)

e. Semi-structured interview discussions

(See appendices for the guiding questions)

Moving into the third phase of evaluation, three semi-structured interview discussions with experts from the field of new immigrant/refugee development sector were planned. The two discussion sessions were based on the showcasing of digital stories (DSs), which were created during DST workshops with the multicultural health brokers. E-mail invitations to participate in this part of the research were sent out to three prospective interviewees, out of whom two could participate in the discussion. Each of the two participants had an experience of engagement with new immigrant and refugee communities through groups that act as buffers in community such as MCHB Coop, thus the discussion data reveals their multifaceted views and perceptions about the research questions.

Semi-structured interview discussion participants:

Don: Videographer (Socio-documentary film maker), who has a long association with the MCHB Coop.

Ruth: Community-based evaluation consultant, her PhD research is based on and with MCHB Coop model.

Although participant's views can not be generalized, the themes that emerged through the analysis of these discussions and feedback may have greater implications for future collaborative and participatory design initiatives, with new immigrant and refugee communities, for their overall health and well being.

The areas of focus in interview discussions were the content of these DSs. These stories were discussed in terms of: subject; authenticity and importance of knowledge being shared; length of DS and language that these were narrated in. Views about DST participatory workshops and about the whole project as being proposed to inform and advocate for the overall health and wellbeing of new immigrant and refugee communities were also explored during the discussion.

The themes extracted based on these discussions are as follows:

Showcased digital stories and their content

Don felt that the approach of social engagement through sense of individual and personal stories was a useful aspect from his standpoint.

In his conversation about these DSs, he found these artifacts useful in many ways. For him these DSs represent dual advantages, for the

storyteller as well as for the viewer. Don found the experience of a storyteller drawing parallels with her own story to share information about the Coop as being critical in developing a self-reflective approach.

He referred to another story about an ongoing issue of academic and professional credentials not being acknowledged, he said that the story speaks to those who are suffering from this wide spread practice in Canada, and which urges the Government to address this issue to make meaningful polices which ensure long-term economical and emotional well being of the concerned communities. Don mentioned that he found these DS as catalysts of social change, creating meaningful conversation at multiple levels of individuals and communities.

Ruth responded to the same subject saying that for her these DSs could be divided into two different kinds. Firstly, participants telling their own stories, resonate very much with varied experiences that she has heard many times over a period of her experience with MCHB. In a couple of cases it was very powerful and very moving in terms of a candid and honest expression of feelings of loneliness and desperation. And she thought that it was the desire and the will to succeed that comes through these stories. Secondly, a couple of the DSs are more specifically focused on brokers and about how their personal stories had led them into brokering work and the difference that a brokers life makes. 'Story of a garden'¹² is an example of the goal that transcends the brokering practice, which focuses on an attempt to create of what the future could be; Ruth found it to be a very creative and artistic expression of sharing.

She commented that one of the differences of what these stories could do is to show a positive or successful outcome. "And to some extent I think these DSs are rosier than reality, which is to an extent is a little bit of tension for me. You know all of them have tried to come full circle," commented Ruth. Challenges in some ways, are greater and more complex than those that could be expressed through a short story telling. They can be effective in revealing some of the challenges, for example, a particular case of relatively new immigrants who go through an experience for the first time in a place of having a baby and how it compares to having the baby back home. Ruth thought in some cases, it is problematic and it will be very important to initiate a discussion about the use of such a vehicle of communication.

"In some ways the stories speak but they can't speak entirely for themselves. They needed to be situated in time and place", shared Ruth.

In her discussion, Ruth also pointed to a DS of 'Rainbow' as a good example of a real comment on a long-standing issue of non-Canadian academic and professional credentials being unacceptable. During the discussion Ruth shared that immigration is an act in a human's life that alters their life script. In the context of the Rainbow DS, she commented

¹² One of the digital stories created during the DST workshops

"So I see these DS as conversation stimulants, catalysts".
(Ruth)

In this context, Ruth shared her research experience that in Canada immigrants have experienced discrimination against their English and their accent. So having to narrate and listen to this experiential knowledge in their first language would have more resonance with the lived experiences and will make it more accessible. She pointed out that for many refugee communities, they did not have opportunity to learn English language unless it was imposed on them in their countries of origin. In these communities, many are not literate even in their own first language, which she thinks would make the medium of DS knowledge more appealing and it can be very powerful for such communities.

Sharing digital stories through the medium of website

Don brought attention to the point that DSs are being interfaced through the MCHB website, and an expectation that they would be vehicles of advocacy for the cause of these immigrant and refugee communities would not be possible. He suggested that further investigation, for finding effective modes of bringing these stories into the knowledge of those in policy-making areas in Government, would be required.

To what extent people access websites, as a source of information when they first come to Canada was a question that Ruth shared to which she genuinely did not know the answer. So for the sake of discussion, she suggested assuming that they do access websites.

"I can see these kinds of stories could do a couple of things one is that these help to contextualize people's unique experience."

Collaboration and participation in digital storytelling workshops

Don felt that identifying important themes about the barriers that people are still facing through participatory DST workshop process could lead to a democratic process of making a statement of the results of the activity, which are not homogenized. He agreed that finding ways in the community to get people to share their stories would actually guide to identify more immediate problems of well being that are lying below buried in many layers, beyond the immediate symptoms. He said that DSs and DST workshops can be useful in the context although they are being shared due to a pre-defined agenda and by the nature of that agenda important personal stories come out and are shared.

Ruth's response to the question about her views with regard to collaboration and participation of multicultural health brokers was as follows:

"I am very impressed with the quality of the stories, so I am sure there is something very valuable about that. Of course I think the Brokers do tell stories that is kind of their starting point. So being able to have the capacity to make such a synched kind of a sound byte is again very valuable. And perhaps it brings a lot of experience in a lot of words into a short space. So I can see that as a capacity building measure!"

"I imagine using these DS in a workshop for cultural competencies training and I foresee using a couple of these or these kinds of stories to stimulate a discussion about an analysis of what are the origins of these issues. And to help people to understand, that these issues are deep and not superficial issues". (Ruth)

that during her own evaluation work she experienced that when a person is talking of the reality of struggles and challenges, at times she/he feels compelled to say how great Canada is. "It is almost like you have to say that part and it is partly a politically charged context." Ruth felt that at times in her story, the rainbow storyteller made an effort to remind herself of her dream which fueled her resilience to succeed as an immigrant.

Digital stories as a knowledge sharing and advocacy tool

Don agreed that the work of advocacy could be facilitated by these kinds of digital stories, which can lead to dialogue and conversation on the issues being shared. He maintained the importance of these type of DSs for the MCHB Coop in particular and usefulness for other well being organizations operating in the same sphere of cultural diversity to mobilize resources and communities for advocacy and transformation. He shared that he has suggested that the MCHB should build a whole series of similar digital stories to create specialized projects in response to emerging and longstanding issues of these communities.

Don proposed that when the group of community health brokers would be able to take these DST workshops to their communities to elicit more stories for sharing on the website, it would create a network that penetrates deeper in the lives and challenges of these communities. He suggested that these DSs have the potential to facilitate the work of advocacy by initiating and leading a conversation in quarters of policy makers. Ruth echoed that these stories help to contextualize people's unique experiences, which resonate with the experiences of the wider community of immigrants and refugees. So in that sense, these DSs can picture the bridge to people's experiences, which could be really effective. She highlights that these stories stop short of a sense of critique of the systemic inequalities of the system that are there, which do not need to be stated explicitly. These DSs initiate questions which dig deep into cultural barriers through experiences of community. With reference to employment, the systemic nature of these inequalities comes across more clearly.

Ruth agreed that she certainly thought that MCHB Coop could use these DSs as advocacy tools, but the question that whether these could speak for themselves would be a bigger question. Her comment resonated with Don's when she said that these DSs can be helpful as being reference points in conversations and can be an effective tool to advocate for better health services for these communities.

Language of narration in these digital stories

Don responded that these digital stories, which are valuable experiences if narrated and composed in the native language of the storytellers, would allow the viewer a number of entry points and also retain the expressiveness of the narrator's voice for the person sharing and hearing these narratives. Adding subtitles in English and French would allow viewer control over the way they choose to view and experience these DSs.



Themes and project outcomes

Journeys and voices together digital stories have been showcased by the researcher in a few local new immigrant/refugee communities to generate discussion about social health and advocacy issues, to raise awareness, to offer as a form of information support, share perspectives and encourage others to make their own stories. The project outcomes, identified from the above cycles of evaluation and analysis are being shared below. Responses from the four groups of stakeholders, identified in this project, resonated with each other. To reiterate, the evaluation participant groups comprised of DST workshop participants, multicultural health brokers from MCHB, group of new immigrants (pre-natal class) from Filipino community and social development experts with a diverse experience of new immigrant and refugee communities.

As shared by these groups—DSs created spaces of participation for health brokers through DST workshops. They were found to be useful to the new immigrant and refugee communities in many ways:

- The stories were unique but the situations were not unique;
- The value of these DSs should not be lessened by calling them archival data only;
- These DSs can bring attention to the long existing and emergent challenges of the communities;
- Promoting and fundraising for MCHB Coop and other service organizations that operate in a space between the government service providers and the marginalized minority communities;
- Powerful medium made by real stakeholders representing real issues in a truly democratic way and participatory action-based knowledge creation and sharing;
- Resonating and contextualizing unique experiences;
- Picturing the bridge to peoples' experiences;
- Sound bytes of knowledge;
- Concentrated experiential information;
- Condensed expression;
- Authentic expression but a bit of artificiality too due to a planned workshop setting which is slightly setup;
- Participation and sharing builds networks that penetrate deep in communities to strengthen and mobilize;
- These DSs are advocacy tools;
- Conversation stimulants;
- Catalysts for change;
- Can help in identifying more immediate health and well being problems that are lying below buried in many layers, beyond immediate symptoms, through community participation in DST workshops;
- Uncovering important themes about the barriers that people are still facing; and
- Creating individual expressions together through iterative design cycles and getting these voices out there is a democratic process of having voices together rather than having homogenized statements of results; and
- Challenges to weave this activity of knowledge creation and knowledge transfer, into the community service activities of health brokers.

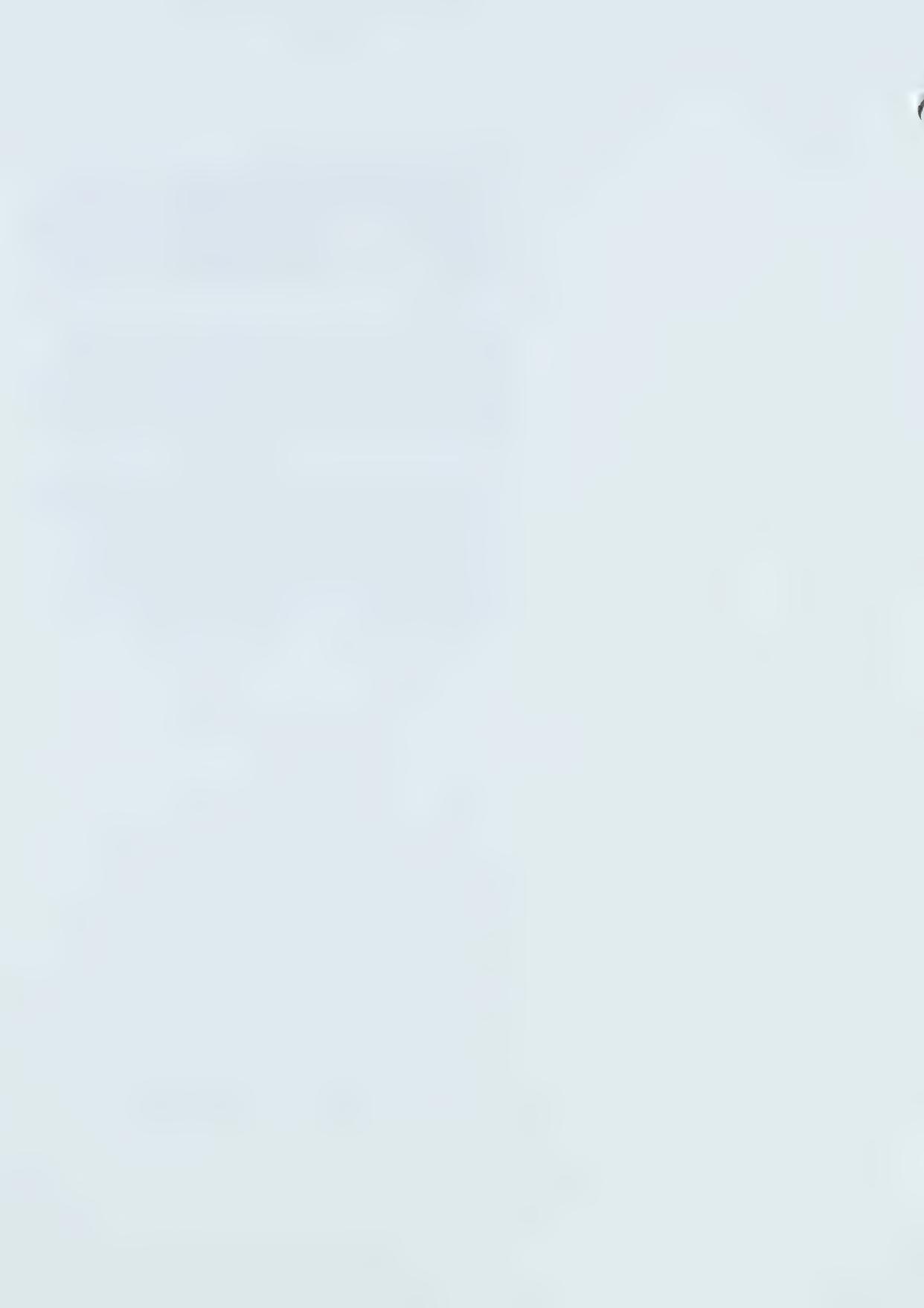


Final outcomes of the study :

Digital storytelling, which was a part of the integrated visual-ethnographic research approach in this study, was also an outcome. The series of five digital stories that were created by the community stakeholder participants through a process of DST workshops are proposed as sample artifacts for Multicultural Health Brokers Coop to elicit future DSs for new immigrant/refugee focused website, for health, well being and advocacy for equitable health services.

The process outcome of the inquiry is being shared as a participatory action-based design research (PADR) model, which offers an interdisciplinary framework of investigation for wellbeing. However, the proposed PADR model needs further evaluation and testing in different community service settings in context of participatory design; education and social change; which was beyond the scope of this MDes project.

A context and strategy for initiating active stakeholder participation based on integrative design strategy has been explored for a social change in the above mentioned marginalized communities. It outlines the role designers could play within the existing community health service organizations operating in the third space between communities and government. This exploratory inquiry demonstrates that digital storytelling can form a motivating communication component in participatory action-based design initiatives for health and well being of new immigrant and refugee communities in Canada.



The design research question and the potential outcomes

How can participatory design research methods based on DST workshops, support health and well being of new immigrant and refugee communities ?

| | | | |
|---|--|--|------------------------------|
| Involving stakeholders in the design process (health brokers, community participants) | Capacity building Opening channels for experiential information sharing | Advocacy Helping in smooth transition into the main culture in terms of understanding system and services | Mental/emotional Physical |
| Creating spaces for integrative and collaborative inquiry | Initiating conversation/dialogue | Virtual support groups/networks | Economical |
| Stimulating innovation and creativity | Visual ethnography | Assist in mapping services and resources Equitable access to services Emotional context | Social |

DSs and the PADR process model





Discussion of the findings

The broad objective of social design is to improve 'social quality' which is the measure of citizens' capability of participating in the social and economic life of their community in conditions that improve both their individual wealth and conditions of their community. (Fuad-Luke, 2009, p. 253)

The experience of collaboration with a community organization, the Multicultural Health Brokers Coop (MCHB), which has built a network of support and relationships among diverse communities in Edmonton Alberta, Canada allowed the researcher to remain grounded in the needs and aspirations of these communities. This familiarity with communities enabled sensitivity to the emerging issues of equitable access to services and advocacy. Over the past fifteen years of serving families from culturally diverse backgrounds, the MCHB Coop has trained a pool of bilingual and bicultural workers, who are familiar with Canadian culture and the health and social services systems. These health brokers can act confidently within the mainstream culture and at the same time are trusted by the communities and service providers with whom they work.

Building trust in a relationship is one of the building blocks in a participatory research process. With regard to this project trust was also an evolving basic component based on varied factors such as forming collaborative multi-level relationships that led to a thoroughly participatory approach and having an evolving design intervention plan as opposed to a rigid design agenda. Social design or design in the social sphere are very broad terms. In context of this project, these refer to the design process, which is intended to support healthier transition of new immigrant and refugee communities through active participation in the design process of visual communication artifacts as digital stories (DSs).

The participatory design approach included: (a) analyzing the situation to identifying together with the stakeholders the point of design intervention; (b) collaboratively agreeing on ways of supporting transformation of communities to working together in creating artifacts of communication (DSs); and then (c) evaluating the outcomes of the process and effectiveness of these artifacts. Discussions with the community members and community health service brokers were significant throughout the process. The iterative process of observing; planning; acting; and observing involved reflection-in-action followed by reflection-on-action by both the stakeholder participants as well as the design researcher. The data reported does not claim to generalize the experiences and opinions for the entire new immigrant and refugee community towards the DST project and the resulting DSs, and the conclusions drawn are neither exhaustive



nor conclusive. However sufficient agreement exists between feedback from participant stakeholders, community stakeholders, interviewee's responses and the contextual review to enable the researcher to suggest initial guidelines for future participatory design explorations with DST as a medium for catalyzing a social change intended for these marginalized communities of new immigrant and refugee communities.

The following section is based on a discussion of key findings of this exploratory inquiry.

From developing a thick description to inviting participation

To both build a thick description and to plan a design intervention the fundamental aspect of the project has been to develop trust and collaborative commitment for a social change. Initially the design researcher adopted the role of participant observer, which helped in becoming a part of the context by participating in various MCHB community activities. This involved purposely selecting contexts of collaboration based on the prior personal experience-based knowledge of the community. This required developing a respectful attitude to hear, to demonstrate commitment, to be able to adapt to initiate a dialogue with deeper networks in the community in focus.

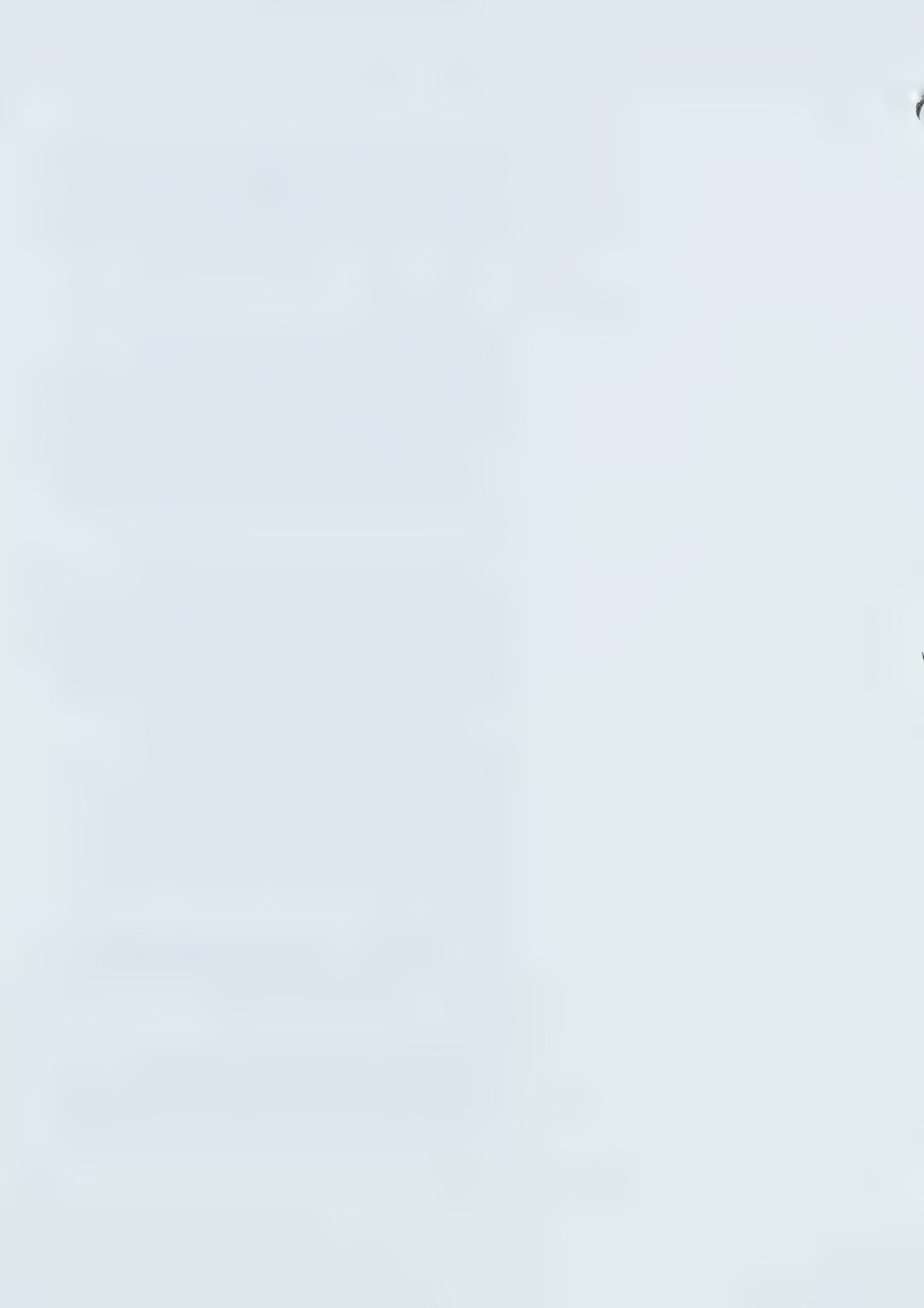
These initial ethnographic methods aided understanding of the context of intervention (Clifford & Marcus, 1986); following Geertz's (1973) suggestion that to look at the symbolic dimensions of social action, one has to plunge into the midst of them. Marcus and Fischer (1986) maintain that experience is thus a direct outcome or reflection of coherent sets of cultural codes and meanings. Integrating ethnographic research methods helped in *finding feet* (Geertz, 1973) with the collaborating community stakeholders from the MCHB Coop and to develop ways for creating a social change and transformation through a participatory design intervention.

Based on interaction with the community stakeholders, questions were raised about how participant input can be set-in the design process and what emerges out of this process or activity. Another question was how would this process advocate for a social change agenda? The aim of developing a thick description was not only to learn and write about these marginalized communities; another layer of complexity was introduced with the commitment to produce an artifact to facilitate health and well being.

The process of developing a thick description assisted in building shared commitments through trust, analysis and an understanding of the current practice and situation. This fundamentally ethnographic approach of being involved in an engaged participation with the group over an extended period was different, situated and profound.

Stakeholders as design and research participants

Fuad-Luke (2009, p. 167) cites Alex Steffan of the Worldchanging movement, who shares that imagining a better future means we have to find allies; share tools; build it and start right away. This holds true not only for working together for a sustainable future in terms of environment but



also for creating a sustainable globalised world of healthy citizens whether it is in the first world or the third world cities of the world. The aim was also to plan and propose a design intervention that can be sustained and carried forward by the stakeholders themselves and it does not stall without the design researcher.

This sort of design participation, activism and collaboration needs stakeholders as design action participants from the community, to come together. To build a collective understanding and motivation to transform our immediate and networked communities for more informed and healthier lives as defined by WHO and Ottawa Charters of health and well being. Sanders (2002) points out that designing now is not business as usual, as problems and solutions need to be defined with the stakeholders in active participation. In this scenario, the designer's role is multifaceted as researcher, participant observer, facilitator and finally co-designer. The formative stages of this inquiry were based on initial observation of participant stakeholders whose feedback and voices were most valuable in this process of analyzing the areas of identified problems and guiding the development of a design intervention strategy supporting change.

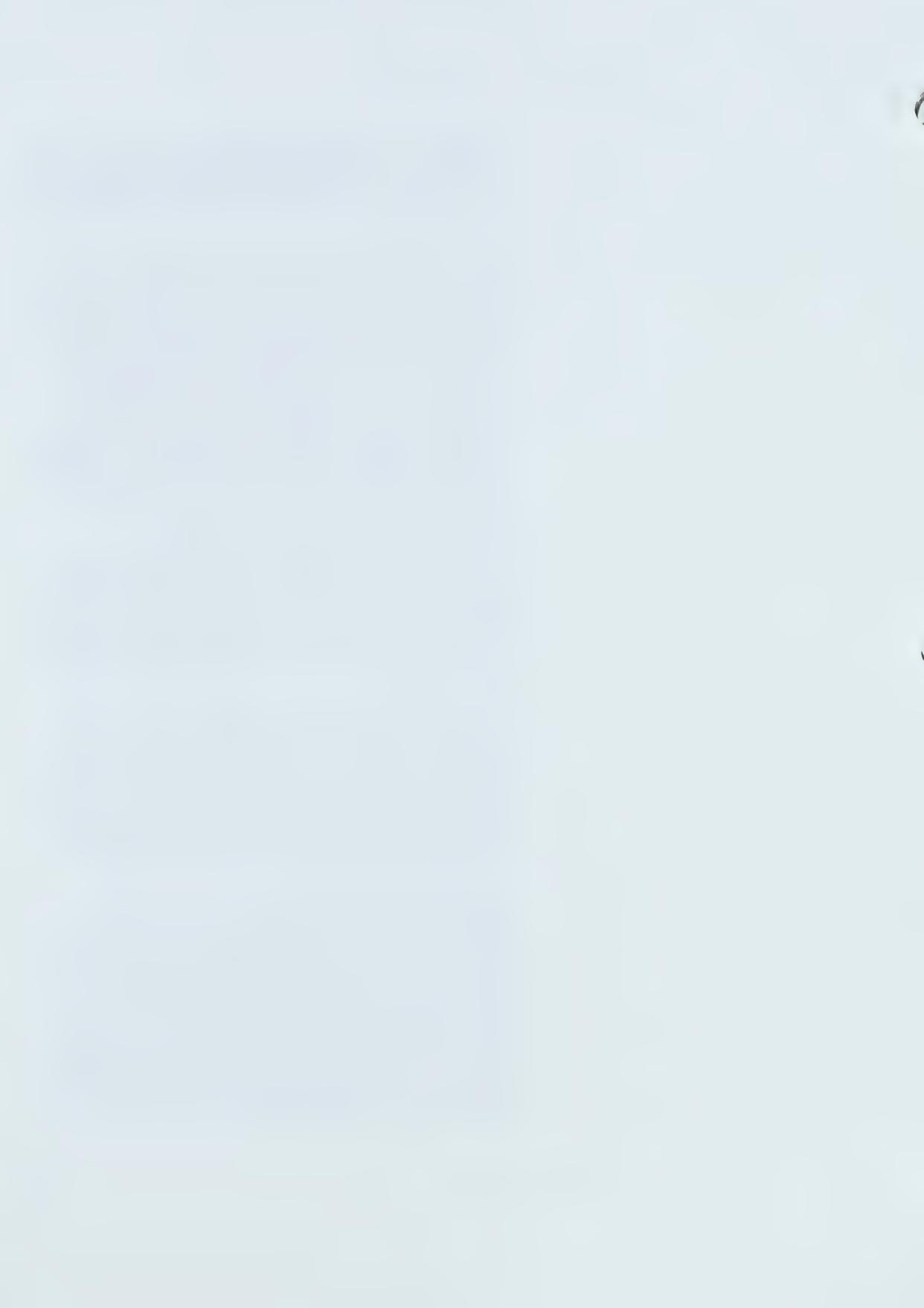
Participation in digital storytelling and World Wide Web

Currently 1.9 billion Internet users, which makes 28 percent of the world population are hugely impacted through direct access to this medium, which offers incomprehensible choices to make effective networks for social mobilization and knowledge transfer (Internet growth statistics, 2010). MCHB needs to build virtual networks as a community group with communities that it serves and it also required to develop an interface with the many Government and other organizations that it operates with, locally and internationally.

Sharing DSs created by participant stakeholders in this project, through the new MCHB website (under construction) was initially an agreed medium through collaborative decision-making. Later, feedback from diverse stakeholders indicated that although a web presence is important for sharing of these short knowledge packages, more ways of interfacing these DSs with prospective audiences (the new immigrant/refugee community, health brokers community, prospective donors and relevant Government service/policy making organizations) need to be explored as well.

Community-building and collaboration

With the advent of interaction design and the general turn toward interaction, the use of new interactive digital media is transforming all design specializations, notes Gregory (2009). She echoes Lambert's view that ever-present computing and digitally enhanced designed artifacts can also be understood as potentialities for new forms of participatory design and co-creation that are already being used by publics and individuals. Feedback from the wider audience of health brokers, the interview responses and the contextual review suggests that the activity of DST and sharing fosters community participation which leads to building communities of support groups especially in case of marginalized populations with resonating experiential information accounts.

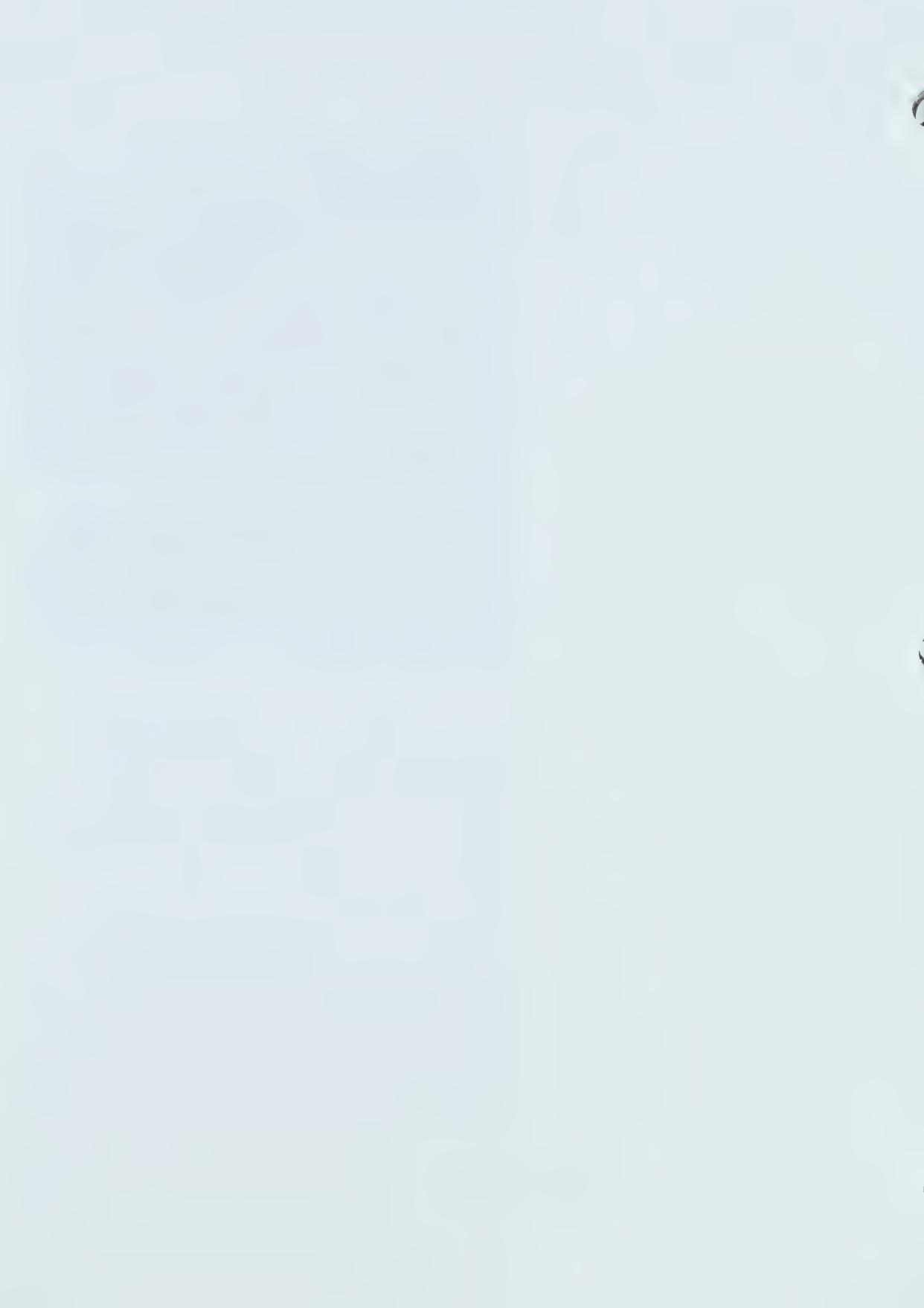


Capability approach, capacity building, empowerment and a self-sustainable process

Oosterlaken (2009) states that capabilities are described as what people are effectively able to do and to be. Buchanan (2001) notes that capabilities offer an alternative for human dignity and human rights as the grounds for design. According to Oosterlaken, the capability approach recognizes the importance of both well being freedom and agency freedom. The views, shared by DST workshop participants reveal that the process of partaking in designing and design intervention research, learning new technology and creating digital stories (experiential information) has given them confidence in a new technical skill and they owned their artifacts (DS) as effective contribution (knowledge sharing and facilitate meaningful dialogue) for their respective communities. The analysis of responses from the DST workshops participants confirm an observation of Francis (1983) that participation has a much wider effect than the mere designing of the artifact. Participations can support development of skills which participants can use in improving their own or lives of the community.

Digital stories as tools of communication, learning, creativity and advocacy

Feedback and evaluation of these collaboratively created DSs by health brokers from ethnically diverse backgrounds, reveals them to be effective tools of communication in the observed immigrant communities. The value of these DSs, as instruments of learning and knowledge sharing, which can inspire in eliciting more stories from the communities, can also support in highlighting other emergent problems in these marginalized communities of new immigrants and refugees.

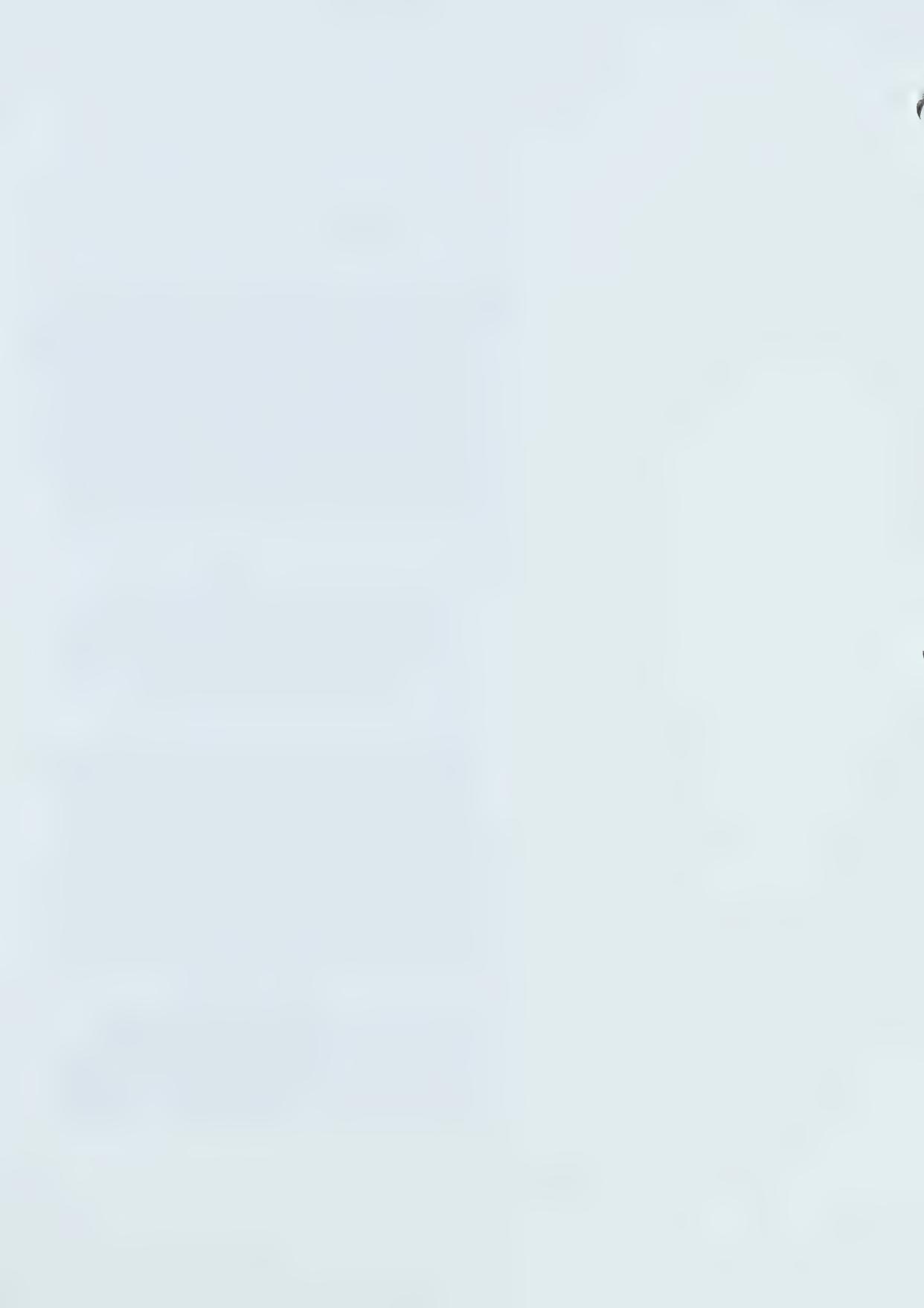


Limitations and challenges

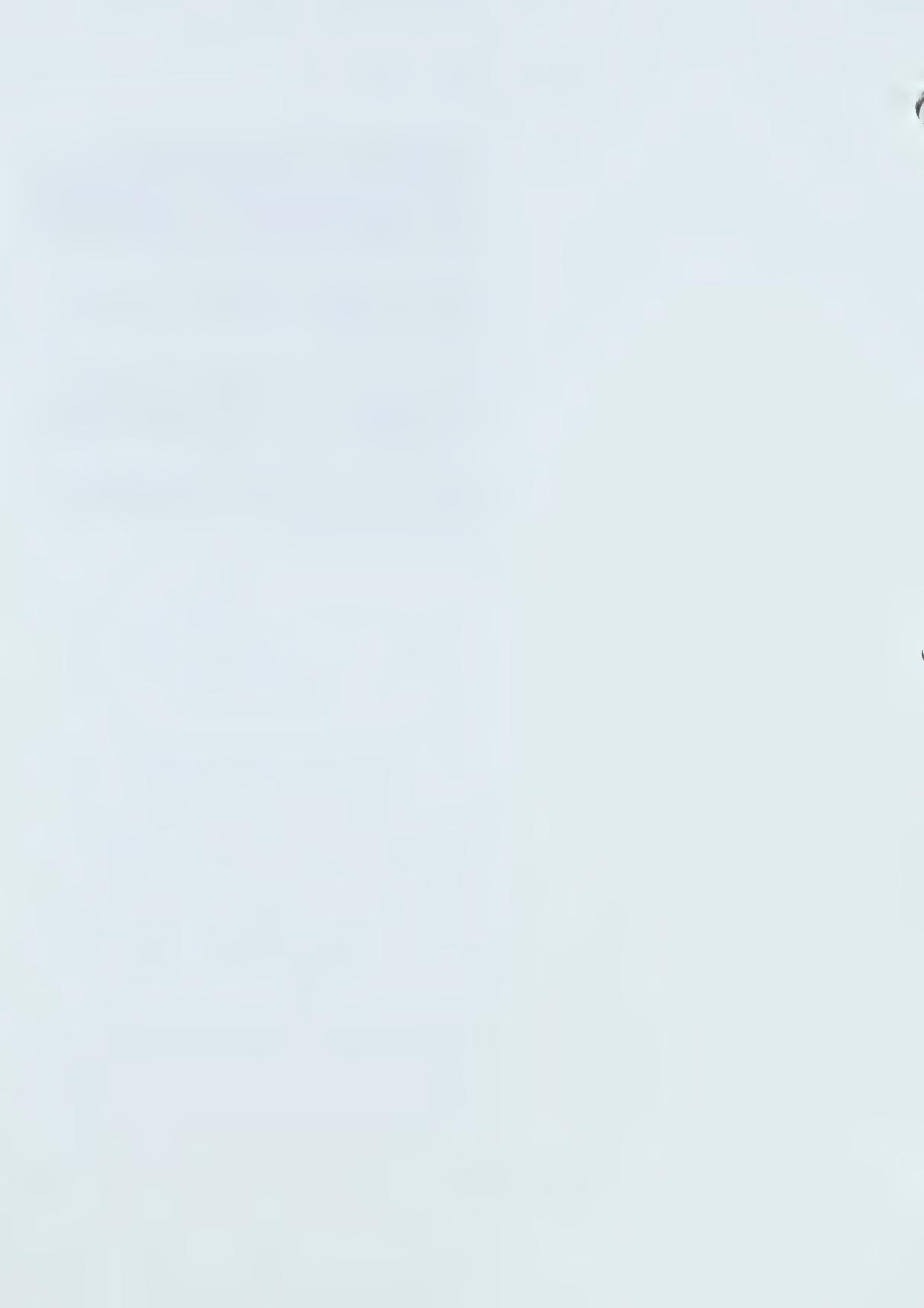
According to Reason (1994) the notion of participation carries strong positive connotations for many, and it is very easy to espouse participation, but at times very difficult to practice it genuinely. It is fully acknowledged that in this study, the problem is in no way solved—a state of social change has not immediately been achieved—but the design researcher has worked to develop an ongoing strategy in collaboration with the stakeholders to lay the basis for it. Recurring comments from the health broker's community, that this is a kind of a social movement, imply this assumption. Despite the limitation of this Master's-level exploratory inquiry, the project has provided some valuable insights into the theoretical and participatory research design structures that may enhance interdisciplinary and cross-cultural design knowledge as well as pedagogic challenges in the community learning context.

The following limitations and challenges are noted:

- Considering the time limitation of the study, extensive testing with varied Government service providers; new immigrant and refugee communities were not possible at this stage. Responses and input from a wide representation of stakeholders can prove to be valuable and have the potential of adding multidimensional depth to the analysis of the research problem, in the future.
- The biggest challenge was logistical—getting busy community health brokers together in the same place and time. Originally five days, one each week for a three hour session was suggested for the DST workshops. The health brokers couldn't spare that much time, so instead, a schedule for independent sessions were included in the new evolved plan. The study was limited to six health brokers, which dropped to five in the end, due to time challenges between their routine of health brokering and voluntary participation in DST workshops. Although participatory projects in community settings are typically small-scale, local and inclusive of user needs (Francis, 1983), it is suggested that working with participants in another series of workshops with a similar group size would give an opportunity to triangulate the results of the workshop outcomes and draw stronger conclusions.
- The present study shares participatory viewpoints in its research and practice with other disciplines such as education, theatre, ethnography, social development studies, and participatory action research in community service learning. Further study in these areas could lead to more profound knowledge and facilitate in developing interdisciplinary research methods to strengthen the 'social model of design' in future.



- Involving stakeholders from a wide variety of backgrounds in the design process is a large undertaking for a Master's thesis project. It requires mobilizing a large resource of volunteers from diverse fields such as language translators, people having basic understanding of video-editing software and hardware and those having understanding of script and digital design development to facilitate DST workshop participants in creating a stronger voice in future.
- Multilingual or bilingual DST should have been explored for more effective sharing of knowledge and wider participation of community stakeholders.
- Funding and resources, for a project with an ambition of social participation for a positive change, are the basic requirements. This could have taken care of fundamental issues of facilitation, hiring a research assistant and honorarium compensation for the time commitment of the workshop participants.
- Since the project relies heavily on digital technologies, it requires an arrangement for a dependable technical facility, for future research endeavours in this direction.



Reflections

Reflecting on the project and the process shows that engaging in a dialogue with participant stakeholders requires the design researcher to put aside her pre-conceived plan and work toward collaboratively defined goals. This would lay the foundations for a democratic process, which will be locally grounded, relevant and owned by the community of diverse stakeholders. In this case, the design intervention evolved with and adapted to the demands of community stakeholders. For example, this inquiry began with the idea that Multicultural Health Brokers would form groups of community members from new immigrant and refugee communities, who would participate in the design research discussions and eventually be involved in participatory design based DST workshops. However through the process, it was discovered that the challenges are farther reaching and that these struggling communities had far greater and more pressing economic issues, which limited their time to participate in DST at this stage. Further ways of facilitating their involvement and participation in DST workshops, need to be developed.

Moving further into the research process illustrated that not only the project but also design as a discipline lies at the boundaries of frameworks of many disciplines, which makes this inquiry, truly an interdisciplinary exploration. The group of participants wanted to involve authentic voices about their journeys in the project and along the way they wove them into new digital media as digital stories to share knowledge for the well being of their communities. Initially involvement with the Multicultural health brokers was focused on what design projects were needed and how could the voices of participants be included in this. As we progressed through observations, focus groups and other informal discussions, digital storytelling evolved as a medium which could include all these voices and make them heard through new media that are available for networking, sharing and communicating. It was taken into account that the process had to be built through active participation of stakeholders, gradually beginning with multicultural health brokers in the first phase of exploration.

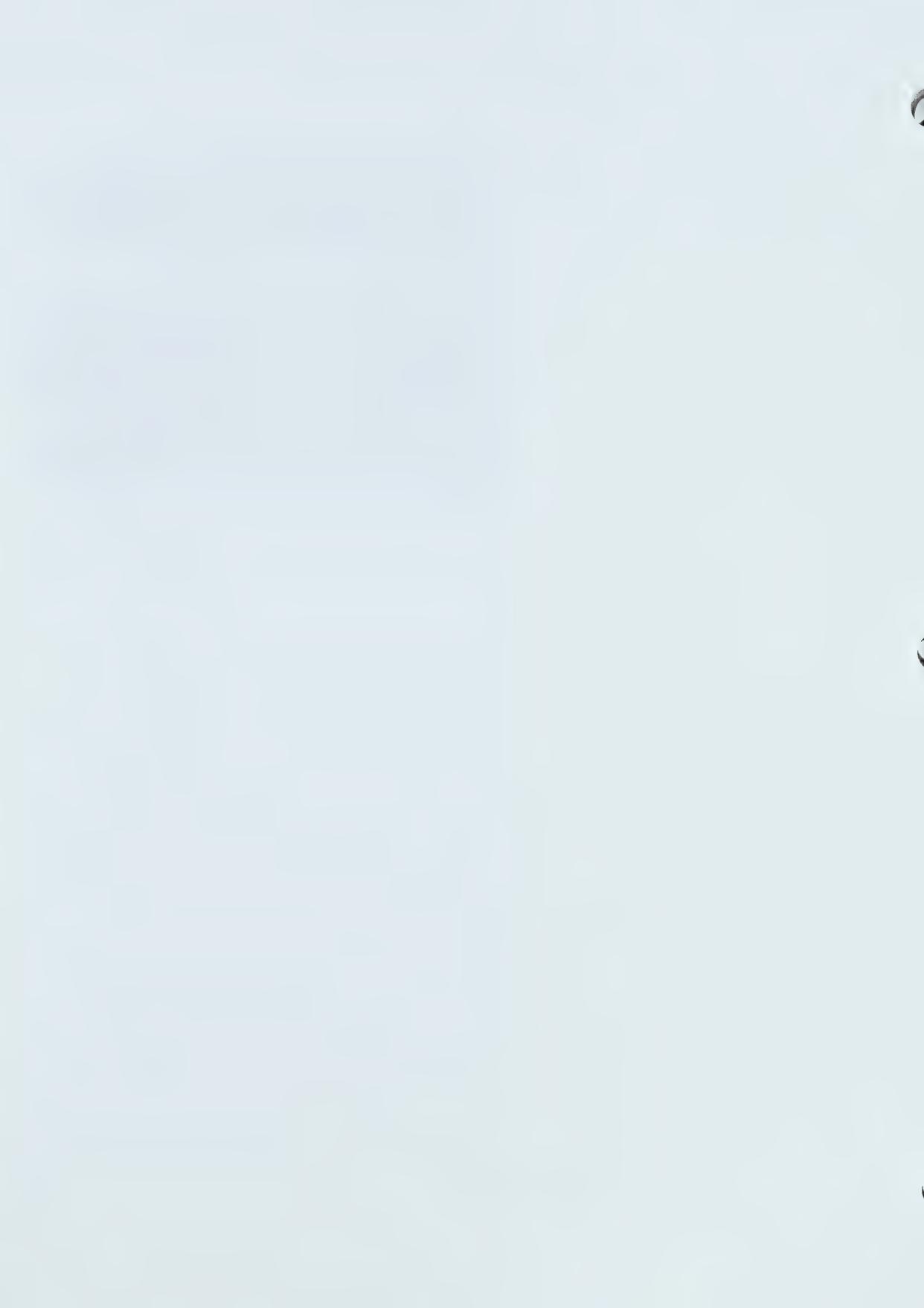
Within the qualitative approach of participatory design, feedback through cycles of responses, opinions, reactions and comments was gathered. As the scope of this study was exploratory and not definitive, generalized results cannot be claimed. However, the results of this approach were promising. They offered a humble beginning for future directions of research in this context. Gregory (2009, p. 268) says that mutual learning is not about extracting knowledge it is about circulating knowledge that is co-constructed through trans-disciplinary design collaborations.

As a design researcher with an objective of a social change, I realized that the participatory design and research process needs to be adaptable. It is



this process of inquiry to understand; to co-critique; to improve a design intervention to instigate a social transformation that can be called social design integration. Culturally diverse cities of the globalized world will continue to be challenging communication scenarios in terms of immigration, health and well being. Designers who are prepared to explore these unknown territories can make a difference.

The goal is that greater collaboration between interdisciplinary research teams and community service organizations will help in understanding and scaffolding processes and systems of social change that will ensure a more equitably globalized world. This belief is in harmony with Margolin and Margolin (2002), when they maintain that the foremost intent of social design is the satisfaction of human needs. The frameworks of participatory design, action research and a social model of design explored in this context through digital storytelling are proposed for developing further insights into an integrative design practice in the social sphere which can create 'stories of healing' based on the journeys and voices of participant stakeholders.

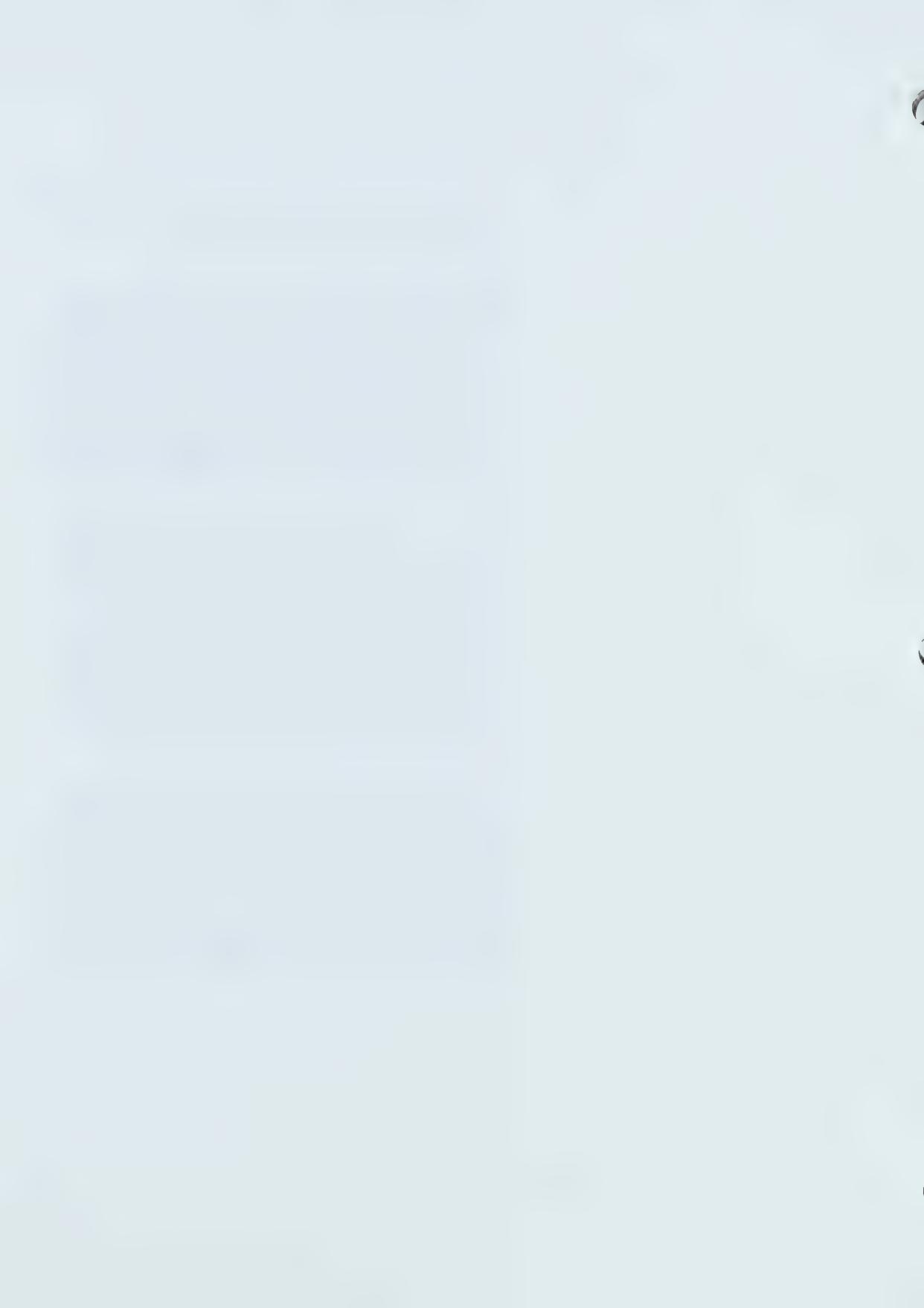


Conclusion and future research directions

The *journeys and voices together* project sits at the intersection of many disciplines such as participatory action research, visual ethnography, socially responsive design and community learning. This exploratory inquiry was initiated based on the belief that design can be a catalyst to initiate a social change through interdisciplinary and human-centered ways of creating participatory spaces for sharing and transferring knowledge. Although it is not explicit knowledge, the process of this study has led the researcher to a dimension of design which can create structures for participation, manage experiential knowledge, and offer capacity-building venues through which participant stakeholders can collaborate, interact and integrate (to make a healthier global world).

The process of collaborating and co-creating together (the stakeholder and the design researcher), where the engagement is not just about listening, but also acting together to create digital stories as vehicles of visual communication, demonstrates how to make this kind of work a profound journey for design participants, facilitator and audience. This kind of an approach can widen the scope of design where it can integrate and collaborate with other disciplines working for human well being and transformation. In today's fluid national boundaries, immigration with intrinsic issues of adaptation makes information communication a challenge both in local and global contexts. This study was an attempt to explore the benefits of a participatory, action-based design approach in such complex settings of marginalized multicultural communities to inform, share and advocate.

The study revealed a number of research areas and questions that have the potential to extend interdisciplinary design knowledge and may be addressed through future research, such as: Can this—*journeys and voices together*—a participatory design project for a social change, be sustained by MCHB health brokers, to achieve its long-term goals?; and can this PADR approach be applied to similar participatory design projects involving culturally diverse marginalized communities? Further investigations need to be conducted into community-based design teaching which can explore interdisciplinary approaches for capacity building and design activism in marginalized and ethnically diverse communities.



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Appendices

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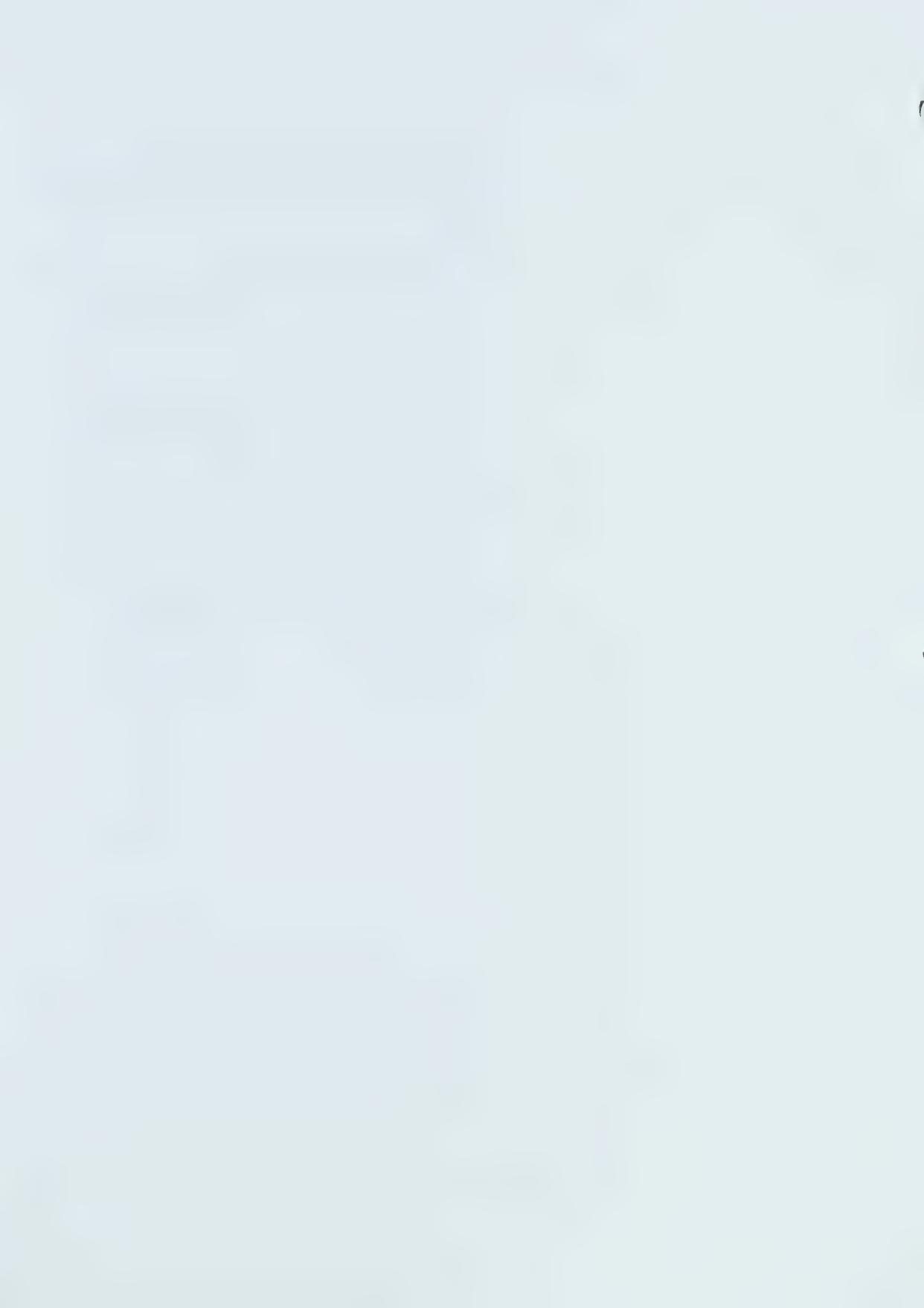
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Ethics application approval

Notification of Ethics Delegated Approval

Study ID: Pro00013880
Study Title: Improving access to health care services for new immigrant/refugee communities in Edmonton, through collaborative and participatory visual communication design process.
Study Investigator: Naureen Mumtaz
Supervisor: Aidan Rowe
Approval Expiry Date: April 22, 2011

Thank you for submitting the application above to the Arts, Science, Law REB. I have reviewed your application for human research ethics and find that your proposed research meets the University of Alberta standards for research involving human participants (GFC Policy Section 66). On behalf of the Arts, Science, Law REB, I am providing **delegated research ethics approval** for your proposed research.

Your application will be presented to the Board at its meeting on May 31, 2010. Any questions or comments raised about your project will be communicated to you as soon as possible after the meeting.

The research ethics approval is valid for one year and will expire on April 22, 2011

A request for renewal must be submitted prior to the expiry of this approval if your study still requires ethics approval at that time. If you do not renew before the renewal expiry date, you will have to re-submit an ethics application.

If there are changes to the project that need to be reviewed, please file an amendment. If any adverse effects to human participants are encountered in your research, please contact the undersigned immediately

Sincerely,

Dr. Thomas Johnson, Chair
Arts, Science, Law REB

Note: This correspondence includes an electronic signature (validation and approval via an online system)

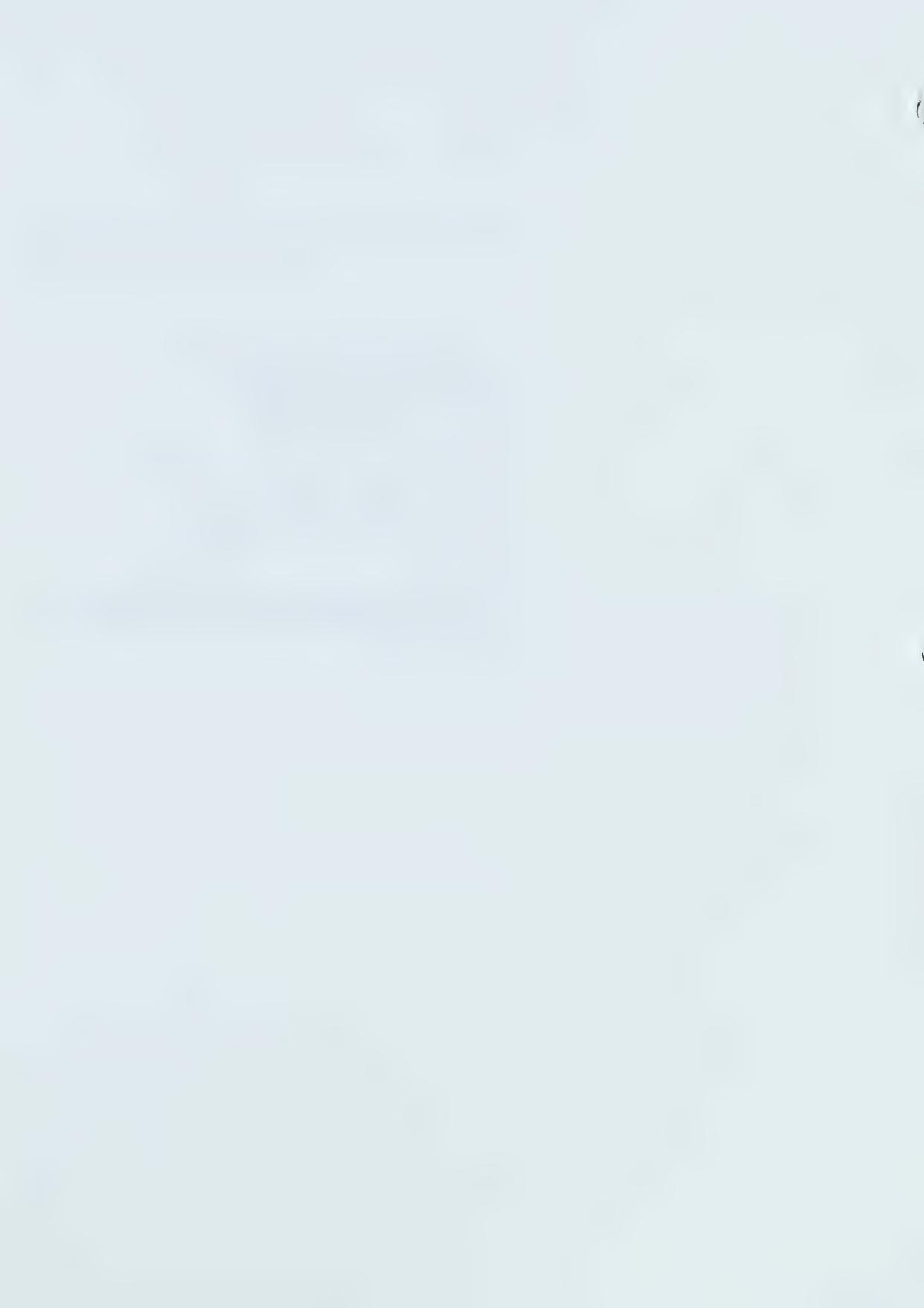
Ethics application to conduct research involving human participants

Principal Investigator(s) Name: **Naureen Mumtaz**
Department/Faculty: **Art and Design**
Campus Address: **3-98 Fine Arts Building**
Campus Phone number: **(780) 492-7877**
E-mail address: **naureen@ualberta.ca**

Supervisor: **Aidan Rowe**
Department/Faculty: **Art and Design**
Supervisor's E-mail address: **aidan.rowe@ualberta.ca**
Supervisor's Campus Phone number: **780 492 8591**

Project Title:
**Improving access to health care services for new-immigrants and
refugee communities in Edmonton through collaborative /participatory
visual communication design process.**

Project Funding: **N/A**



ID:Pro00013880

Status: Approved

1.1 Study Identification

All questions preceded by a red asterisk * are required fields. Other fields may be required by the REB in order to evaluate your application. Please answer all presented questions that will reasonably help to describe your study or proposed research

1.0 * **Short Study Title** (restricted to 250 characters):
Improving access to health care services for new immigrant/refugee communities in Edmonton, through collaborative and participatory visual communication design process

2.0 * **Long Study Title** (can be exactly the same as short title):
Improving access to health care services for new immigrant/refugee communities in Edmonton, through collaborative and participatory visual communication design process

3.0 * **Select the appropriate Research Ethics Board:**
ASL REB

4.0 * **Which office requires notification of ethics approval to release funds or finalize the study contract?** (It is the PI's responsibility to provide ethics approval notification to any office other than the ones listed below)
Not applicable

5.0 * **Name of Principal Investigator** (at the University of Alberta, Covenant Health, or Alberta Health Services):
Naureen Mumtaz

6.0 **Investigator's Supervisor** (Required for graduate students and trainees NOT applying to the Health Research Ethics Board (HREB). The HREBs do not accept graduate students or trainees as Principal Investigators in an ethics application. Please enter your supervisor as the PI and yourself as a co-investigator in your application for HREB)

Aidan Rowe

7.0 * **Type of research/study:**
Graduate Student - Thesis, Dissertation, Capping Project

8.0 **Study Coordinators/Assistants** (will have access to and can edit this application and will receive all notifications for this study):
Name Employer
There are no items to display

9.0 **Co-Investigators (Authorized List):** The following people can act as co-authors to this application: they will have access to, and can edit, this ethics application online. Co-investigators do not receive HERO notifications about the progress of the applications unless they are added to the study email list
Name Employer
Naureen Mumtaz Student

10.0 **Study Team** (co-investigators, supervising team, other study team members who do not require access to this application or to receive notifications):

| Last Name | First Name | Organization | Role | Phone | Email |
|-----------|------------|-----------------------------------|--------------------|--------------|--------------------|
| Chiu | Yvonne | Multicultural Health Brokers Coop | Executive Director | 780 710 1577 | yvonnechiu@shaw.ca |

1.3 Study Funding Information

1.0 * **Type of Funding:**

Unfunded

If OTHER, provide details:

2.0 Funding Source

2.1 Select all sources of funding from the list below:

There are no items to display

2.2 If not available in the list above, write the Sponsor/Agency name(s) in full (you may add multiple funding sources):

There are no items to display

3.0 Location of funding source (required if study is funded):

There are no items to display

4.0 RSO University-Managed Funding

4.1 If your funds are managed by the Research Service Office (RSO), select the project ID and title from the lists below to facilitate release of your study funds. (Not available yet)

4.2 If not available above, provide all identifying information about the study funding:

| Project ID | Project Title | Speed Code | Other Information |
|------------|---------------|------------|-------------------|
|------------|---------------|------------|-------------------|

There are no items to display

1.4 Conflict of Interest

1.0 Are any of the investigators or their immediate family receiving any personal remuneration (including investigator payments and recruitment incentives but excluding trainee remuneration or graduate student stipends) from the funding of this study that is not accounted for in the study budget?

Yes No

If YES, explain:

2.0 Do any of investigators or their immediate family have any proprietary interests in the product under study or the outcome of the research including patents, trademarks, copyrights, and licensing agreements?

Yes No

3.0 Is there any compensation for this study that is affected by the study outcome?

Yes No

4.0 Do any of the investigators or their immediate family have equity interest in the sponsoring company? (This does not include Mutual Funds)

Yes No

5.0 Do any of the investigators or their immediate family receive payments of other sorts, from this sponsor (i.e. grants, compensation in the form of equipment or supplies, retainers for ongoing consultation and honoraria)?

Yes No

6.0 Are any of the investigators or their immediate family, members of the sponsor's Board of Directors, Scientific Advisory Panel or comparable body?

Yes No

7.0 Do you have any other relationship, financial or non-financial, that, if not disclosed, could be construed as a conflict of interest?

Yes No

If YES, explain:

Important

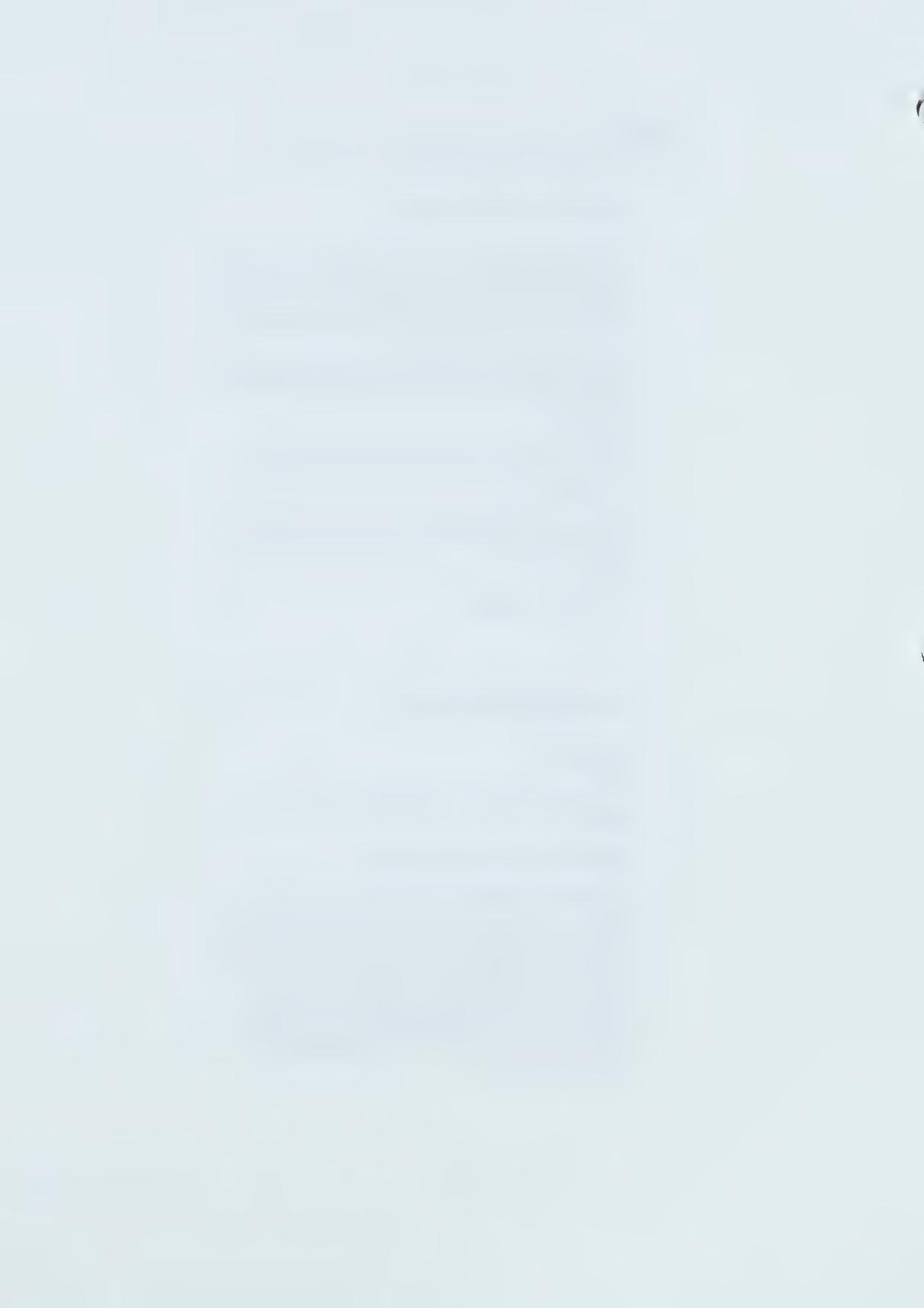
If you answered YES to any of the questions above, you may be contacted by the REB for more information or asked to submit a Conflict of Interest Declaration.

1.5 Study Locations and Sites

- 1.0 * Specify research locations: Enter all locations where the research will be conducted under this Research Ethics Approval (eg. university site, hospital, community centre, school, classroom, participant's home, in the field, clinician's private office, internet website, etc. - provide details):
 Multicultural Health Brokers Coop office premises and their clients homes(during home visitations), Visual Communication Design Graduate Lab in Fine Arts Building-U of A, Expert Interview Participants' office or mutually agreed locations
- 2.0 * Please check if your study will utilize or access facilities, programmes, resources, staff, students, specimens, patients or their records, at any of the sites affiliated with the following (select all that apply)
 Alberta Health Services
 Capital Care
 Covenant Health
 Details must be provided if Alberta Health Services and/or Covenant Health and/or Capital Care selected:
 For expert interviews, relevant experts maybe contacted in collaboration with Multicultural Health Brokers Coop (MCHB)
- 3.0 If the study involves researchers in other institution(s), will ethics approval be sought from other institutions/organizations (eg. another university, Alberta Cancer Board, school district board, etc.)?
 Not Applicable
 If YES, provide a list:
 Name
 There are no items to display

2.1 Study Objectives and Design

- 1.0 Proposed Start Date:
 06/04/2010
- 2.0 Proposed start date for working with human participation (can be the same as item 1.0):
 19/04/2010
- 3.0 Proposed end date for working with human participation:
 28/01/2011
- 4.0 * Provide an abstract or lay summary of your proposed research (restricted to approx. 300 words):
 My Master of Design thesis research project is aimed at exploring the possible role of Visual Communication Design interventions, through collaboration with community organizations, in providing better access to health services for new immigrant/refugee communities. These communities are particularly vulnerable because they face basic challenges of adjusting to and in a new culture. Their problems are compound by language and cultural barriers, which results in minimum or complete ignorance about available health services.



According to Multicultural Health Brokers Coop most refugee and immigrant families are inexperienced with formal social services and support systems, having come from systems where social supports are informal and less defined. They find Canadian social services support systems difficult to understand and navigate. Provision of care becomes challenging for the service providers and frustrating for the family members, leaving them traumatized rather than supported. As noted by social researchers, many immigrant and refugee families drop out of programs very quickly and they don't bother to access the system.

The objective of my research is to explore how design can support, through culturally competent solutions based on participatory activity, non-profit community organizations and NGOs in their efforts to provide equitable access to health care services to diverse communities of new-immigrants and refugees. This will be a case study research of the design process for a new MCHB website which while collaborating with digital story-telling workshop participants will contribute in building upon their capacities. The research artifacts (digital stories) created through this process approach will be made visible on the Coop's website which can also inform local Government policy decisions with regards to access to health services for immigrant/refugee communities.

My approach is centered on collaborative and participatory design methods, which calls for greater involvement of the community members thus making them co-designers and partners in decision-making. While doing so basic technical knowledge about design artifact creation, in this case techniques of creating a digital story, will be transferred which not only will mobilize the community and community organization but also empower it to start a sustainable process of generating visual archives of their progress which will be shared through their website. It is hoped that, with a research project of this nature, it can be demonstrated how design can contribute in social change and welfare projects while working collaboratively for solutions meant for comparatively new mediums such as Internet etc, that resonate with spirit of the community in focus.

5.0

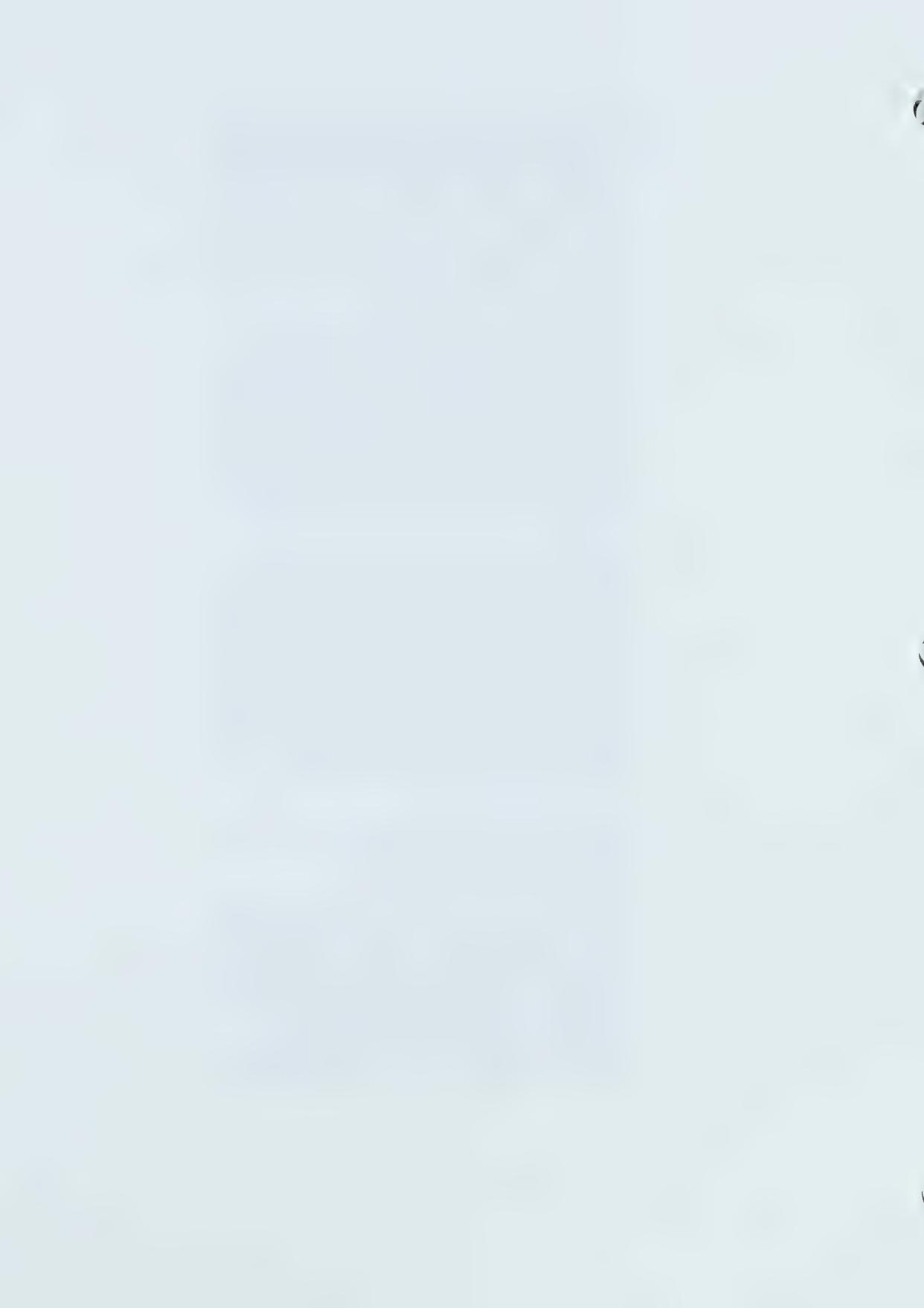
¹ Provide a description of your proposed research (study objectives, background, scope, methods, procedures, etc) (restricted to approx. 1,000 words):

Project Summary/Research Design

Context

Cultural plurality, diversity of languages and faiths within Canada raises challenges of communication born out of the encounter of different cultures within the realm of daily life. McCoy (1995) says that the newly developed values of multiculturalism and ethnic diversity have created a world of subcultures with groups focused on specialized interests and values. And these specialized groups possess special knowledge, which is not shared by others.

Multicultural Health Brokers Coop is a multilingual community organization in Edmonton with a mandate to support immigrant and refugee individuals and families in attaining optimum health



through relevant health education, community development and advocacy.

Being a visual communication designer, a teacher in the discipline of design, a community volunteer and an active citizen my professional practice and research interests are grounded in the notion that design can influence social change. Poggenpohl (2009) in *Design Integrations*, support the belief that design has a hidden strength that makes it especially suited for networked, dynamic problems that societies are facing today. Frascara (2002) advocates that new design practices require a better understanding of people, society and ecosystem and it calls for an interdisciplinary practice. Krippendorf (2005) holds up the same argument regarding the changing environment of design by correlating the semantic turn that design is taking, to several major cultural and philosophical shifts. Poggenpohl (2009) professes that respectful dialogue in which difference is valued is essential to intercultural sensitivity and collaboration while shared ground is co-created but not given.

Project Objective

The objective of this project is to explore, how collaborative/participatory design methods in visual communication design process can contribute in initiating and sustaining an effective dialogue between an immigrant community service organization—Multicultural Health Brokers Coop, new-immigrant communities and the local government in Edmonton through the medium of a website. Specifically, it aims to explore how participatory and collaborative design research methods based on visual ethnography, can increase community participation, dialogue and raise awareness and advocate for the marginalized new-immigrant and refugee communities at the Government level, in context of equitable access to health services.

The project will be undertaken in collaboration with a community organization Multicultural Health Broker's Coop (MCHB) that has been operating in the third space between the immigrant communities and the Local Government for the last 12 years in the Edmonton region.

Digital Story Telling on Web

I intend to draw on digital story telling both as a tool of my ethnographic research as well as a collaboratively designed artifact, which will be shared through the medium of website. In the context of this project, the term 'digital storytelling' includes both the visual and textual (verbal) information that is conveyed in a given visual communication. Both ways of communicating are equally important to the objectives of this project. For example, in the case of new-immigrants, I might ask what are the messages that need to be communicated (to help bring awareness about their challenges to accessing health services in Edmonton)? And how can these messages be best communicated through the visual medium of photo and voice? I intend to explore both the formal (aesthetic) characteristics of the visual as well as their informational content. Later I will also study other immigrants' responses to both of these qualities in the collected stories. Ganz, (2001) in Power of Story in Social Movements, notes that



storytelling can develop agency, reformulate identity and afford access to motivational resources to form leadership group, find a new organization and launch a new social movement. He further elaborates that although stories are seen as discursive structures, they are also performances – in which the 'text' is action as well as word and symbol.

Telling stories is also making connections and social interactions. Recent changes in information technology have made social interaction an increasingly important topic for interaction design. In most cases the term "digital storytelling" refers to calling attention to a balance between a historically grounded, human-centered appreciation of good storytelling skills and a sophisticated grasp of the creative potential of a new set of digital tools.

DESIGN RESEACH QUESTIONS

Can collaboratively designed digital stories for web, through participatory design workshops, give health brokers and new-immigrant/refugee clients, better understanding of each other's needs and will the experience and process of the workshops empower participants in any way?

Additionally, can a section of the community organization's website, based on collaboratively designed digital stories be able to help government in supporting and making informed health service provision polices for these underrepresented, marginalized new-immigrant communities in Edmonton?

Research Design

The project research process involves four interrelated stages:

1) Developing a thick description of the context based on:

Involvement and observation

Informal discussions

Focus group (Phase 1)

2) Workshops

A series of 3 to 4 Workshops based on teaching and exploring very basic techniques of digital story telling with identified two communities' health brokers and two identified immigrant community members.

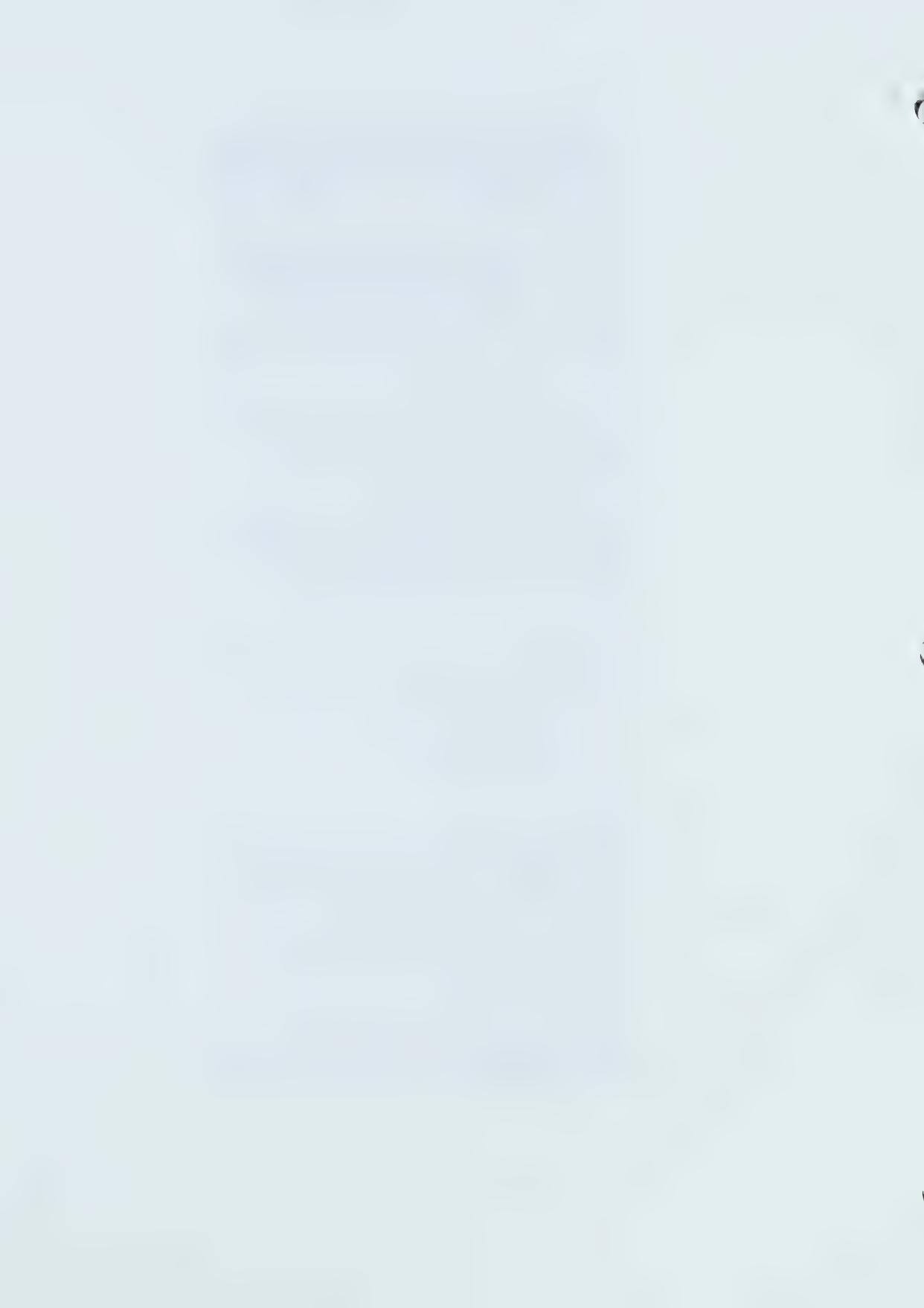
Refining the narration and sound by collaboratively agreeing and discussing the challenges, struggles and solutions

Photographing images with reference to their narrations

Finalizing two digital-stories

Feedback forms

Participants will be asked to fill out Feed back forms at the end of the series of workshops to analyze the effects of participation and training on the participants.



3) Testing

Focus group (Phase 2)

Focus groups will be conducted with separate groups of new-immigrant community members and with the multicultural health brokers, who were not part of digital story process. The sessions will comprise of a few opening questions and then responses of the audience towards the experience of hearing and seeing the stories. These will be recorded and later transcribed for reflections, analysis and making recommendations.

Expert Interviews

Social services community experts one each from the community organization, Capital Health and Local Government will be interviewed with regards to digital story approach on the upcoming website for MCHB. To assess the effectiveness of the medium, for the purpose of better access and provision of health services to the new-immigrant communities and make recommendations in future for recording of the stories.

4) Reflecting and Writing

Since the beginning of the project, there is strong commitment for social impact, therefore targeting the enrichment and empowerment of the lives of participants with whom I'll be collaborating will be strong focus.

Project Significance

Immigration and multiculturalism are realities of the globalized world that has given rise to subcultures. Increasing interaction among people from diverse cultures has produced a complex ethno-cultural mosaic that presents formidable challenges for visual communication designers' as well to other designers. The project processes and documentation will add to the body of knowledge in the field of visual communication design and may provide methodological models of collaborative, community-based processes for a unique audience of immigrants in Edmonton, by involving them in the design process.

One reason why there is not more support for social design services is the lack of research to demonstrate what a designer can contribute to human welfare.

(Margolin,V.

& Margolin, S. 2002)

Community organizations working for and with the new-immigrant and refugee communities can benefit from this approach, which can increase community ownership, awareness and help in building capacity amongst the workshop participants. In addition, this research project will be of significance, as it will combine interdisciplinary research methodologies such as visual ethnography, 'social model' of Design and general theory of

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Design. It is also hoped that participatory methods of gathering and presenting photo-voice data will help in building visual archival records of immigrant/refugee communities in a self-sustainable way, which can inform policy decisions with regard to these communities.

Finally, it provides a unique perspective to understand the power and potential of design's ability in participatory and collaborative projects with community organizations in a culturally diverse environment of Alberta.

- 6.0 **Describe procedures, treatment, or activities that are above or in addition to standard practices in this study area (eg. extra medical or health-related procedures, curriculum enhancements, extra follow-up, etc):**
Not Applicable
- 7.0 **If this research proposal has received independent scientific or methodological review, provide information (eg. names of committees or individuals involved in the review, whether review is in process or completed, etc):**
Not Applicable
- 8.0 **If this application is related to or builds upon a previously approved application at the University of Alberta, please provide the study title and ethics file/approval number or any other reference if available:**
Not Applicable

3.1 Risk Assessment

- 1.0 **After reviewing the Minimal Risk Criteria provided in User Help, provide your assessment of the risk classification for this study:**
Minimal Risk
- 2.0 **In a scale of 0 to 10 where 0 = No Likelihood, 5 = Moderate Likelihood and 10 = Extreme Likelihood, put a numerical rating in response to each of the following:**
- Rate Description of Potential Risks and Discomforts**
- 1 Psychological or emotional manipulations will cause participants to feel demeaned, embarrassed, worried or upset
- 4 Participants will feel fatigued or stressed
- 2 Questions will be upsetting to the respondents
- 0 Participants will be harmed in any way
- 0 There will be cultural or social risk – for example, possible loss of status, privacy, and/or reputation
- 0 There will be physical risk or physiological manipulations, including injury, infection, and possible intervention side-effects or complications
- 0 The risks will be greater than those encountered by the participants in everyday life

- 3.0 **Provide details of short- and long-term risks and discomforts:**
Assessment of Risks to Human Participants
There is minimal risk to human participants involved in the participatory workshops exploring techniques of digital-story creation for information and/or education. While exploring stories, of access to health services of immigrants/refugees, in the form of visual images and narratives, research participants are not likely to be exposed to any visual or textual information that they would not encounter in their daily lives

Respect for Human Dignity

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The dignity of any persons involved in this project will be respected at all times.

Respect for Free and Informed Consent

Participants will be fully informed of the purpose of the project. The consent forms prior to Focus groups, Workshops and Expert interviews will be discussed in detail. Volunteer participants will be encouraged to ask questions regarding the project. Consent will be obtained either in writing or recorded to avoid any discomfort with demonstrating low English literacy levels. Should an interpreter be required, the interpreter will be asked to sign an oath of confidentiality.

Respect for Vulnerable Person.

Only adults capable of independent decision-making will be contacted and involved for this project

Respect for Privacy and Confidentiality

Requests for anonymity will be honored at all times. Under no circumstance will personal or confidential information be disseminated without prior written consent.

The consent form outlines the commitment to maintenance of confidentiality and privacy. As focus group, workshop and expert interview participants will be speaking, in a few cases on behalf of organizations, they may choose to be identified along with the name of their organization. However, they will be apprised that should they wish their interview—or a portion of thereof—can remain anonymous. Transcriptionists, and interpreters if applicable, will sign an oath of confidentiality. Where requested, participants' names and those of their organization or community will be kept anonymous in interview transcripts and all presentations and publications derived from the study.

Balancing Harms & Benefits

Immigration, displacement and health issues are topics that may lead to emotional responses. No research activity will be conducted without prior mention of the topics to be discussed. In the case of focus groups, the potential for conflict is no greater than in any other group discussion. Participants will voluntarily choose to participate in this project. It is anticipated, that informants will be interested in sharing information about their experiences and learning techniques of weaving photo and voice data. While focus group and workshop questions are meant to elicit information about them, it is being acknowledged that the re-telling of experiences about failures or challenges faced by these marginalized and struggling communities can be distressing. Should this occur, researcher will attend to the wishes of the informant: options include pausing, listening, changing topics or aborting the interview. No long-term effects from this distress are anticipated.

Due to the fact that there is no way of controlling what participants may say after a focus group, confidentiality cannot be guaranteed in these activities.

No toxic materials or hazardous situations will be encountered by anyone involved in this project

4.0

*** Describe how you will manage and minimize risks and discomforts, as well as mitigate harm:**

Description of Procedures to be undertaken to Reduce Risk to Human Subjects
To ensure that there is minimal risk to human participants involved in the outlined research activities.

I have been trained to:

- Be aware of the ethical considerations of working with human participants (I have read and am familiar with the GFC Policy Manual Section 66)
- Conduct studies in an ethical and appropriate way, to consider the comfort level of the participants, and to preserve the anonymity of participants through proper data collection, storage and disposal methods;
- Describe the study to the participants and what is being asked of them, outline the risks and benefits of being involved in the study and thank them for their participation.

I also intend to take into account cross-cultural approaches to research and practice with immigrant and refugee families as reported in Cross-Cultural Lessons handbook developed by CUP (Community-University Partnership).

Participation in the research activities described is voluntary under the agreement of a signed informed consent form, and participants can withdraw at any time during the sessions (and have their data removed) without penalty. In exploring the experiences of health services access issues and services of new immigrant/refugee communities and MCHB brokers, design concepts and products, it will be emphasized that we are testing the performance of products of design and communication, and not the performance of the participants themselves. In the unlikely event that any participant becomes distressed or uncomfortable during a study, the testing will be stopped immediately and the participant will be referred to the appropriate resource.

Before activities begin, participants will be reminded that what is discussed needs to remain confidential. They will also be reminded that if there is something that they would not like to discuss or know about, that they should not feel any pressure to share it with the group. However, due to the reality that participants cannot be held to this, confidentiality cannot be guaranteed in these activities. Researchers (and research assistants) will be asked to sign a confidentiality agreement.

Data will be collected in a variety of ways, for example, through written notes or audio recordings from interviews or focus groups; completed questionnaires and feed back forms; and visual records (without identifying participants) of the process and outcomes of participatory design sessions. Participants' identities will be kept confidential and not be connected to any reported data unless the participant consents. Data will be coded, analyzed and discussed in reports without identifying participants (unless they give permission to do so), and will be kept in a secure location for at least 7 years. Results of the research may be disseminated through a thesis exhibition and report, as well as future presentations and papers.

Participants in studies, requiring additional assistance with data collection will be advised that

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assisting technologists or personnel may be present. As always, participation is voluntary, participants may leave at any time during the session (and have their data removed) without penalty, and participant anonymity will be guaranteed, except in the case of a focus group, where it cannot be guaranteed. Any participants involved in any of these research projects may have a copy of the research report if they specifically ask for it.

Consent and Documentation

Data from research activities may be collected through questionnaires, notes, photographs and audio recordings. All participants will be asked to give free and informed consent before participating in any research activities.

A translator will be available to ensure comprehension of information by non-English speaking participants. No participants' names will be identified in connection with any of the collected data (without their permission). Participants' statements and photographs may be used in the support documents and public exhibitions; however, they will not be connected with any participants' names or identities (without their permission). Consent forms will also inform participants of their right to withdraw from activities at any point during a session without penalty (and have their data removed) (please see examples of a consent forms and questionnaires in appendixes).

Data collected will be stored on a laptop computer and external hard-drive that will be stored in my office

- 5.0 *' If your study has the potential to identify individuals that are upset, distressed, or disturbed, or individuals warranting medical attention, describe the arrangements made to try to assist these individuals. Explain if no arrangements have been made: not applicable'*

3.2 Benefits Analysis

1.0 Describe any benefits of the proposed research to the participants:

Health and community organizations working for, and with the new-immigrant and refugee communities can benefit from this approach, which can increase community ownership, awareness and help in building capacity amongst the workshop participants

The project will involve active collaboration between the service providers, designer and the new-immigrant community representatives from the grassroots' level. Participatory approach would focus on engaging the collective designer-user in joint definition of problems and adaptation to variable circumstances thus respecting different knowledge backgrounds

Telling stories is also making connections and social interactions. Recent changes in information technology have made social interaction an increasingly important topic for interaction design. In most cases, by using the term "digital storytelling" refers to calling attention to a balance between a historically grounded, human-centered appreciation of good storytelling skills and a sophisticated grasp of the creative potential of a new set of digital tools.

Research volunteer participants will take home a set of new skills of digital tools which will empower them to express and share in community challenges plus an increased awareness of the available resources and their utilization

2.0 Describe the scientific and/or scholarly benefits of the proposed research:

Immigration and multiculturalism are realities of the globalized world that has given rise to subcultures. Increasing interaction among people from diverse cultures has produced a complex ethno-cultural mosaic that presents formidable challenges for visual communication designers' as well to other designers. The project processes and documentation will add to the body of knowledge in the field of visual communication design and may provide methodological models of collaborative, community-based processes for a unique audience of immigrants in Edmonton AB, Canada by involving them in the design process

One reason why there is not more support for social design services is the lack of research to demonstrate what a designer can contribute to human welfare (Margolin, V. & Margolin, S. 2002)

This data would latter inform and encourage greater collaboration between designers, social organizations, policy makers at local and national level and the people that they serve through design thinking and building capacities. Finally, it provides a unique perspective to understand the power and potential of design ability in participatory and collaborative projects in this culturally diverse environment of Alberta

An additional benefit of the project is that it is initiating a sustainable activity of developing photo-voice archives of the new-immigrant/refugee communities which can directly or indirectly inform researchers being conducted to make new policies and strategies for smooth integration of these communities into the mainstream system of Alberta.

3.0 Describe any benefits of the proposed research to society:

The United Nations World Commission on Culture and Development Report titled 'Our Creative Diversity' defines "culture" as the whole complex of distinctive spiritual, material, intellectual and emotional features that characterize a society or a group. It includes creative expressions, community practices and material or built forms. World development organizations around the globe are developing culturally sensitive approaches to strengthen community projects' planning and programming effectiveness and create conditions for ownership and sustainability. Such approaches recognize the importance of the socio-cultural capital of various micro-communities and emphasize community participation and people centered methods in community project

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design and development, which can lead to strengthen the main culture. The Report of Auditor General of Canada (Fall 2009), states that immigration plays an important role in economic, social and cultural development of Canada. According to Statistics Canada, immigration accounted for two thirds of Canada population in 2006 and Alberta reports the highest percentage of immigrants/visible minorities of the three Prairie Provinces. Cultural plurality, diversity of languages and faiths within Canada raises challenges of communication born out of the encounter of different cultures within the realm of daily life. McCoy (1995) says that the newly developed values of multiculturalism and ethnic diversity have created a world of subcultures with groups focused on specialized interests and values. And these specialized groups possess special knowledge, which is not shared by others. Multicultural Health Brokers is a multilingual community organization in Edmonton with a mandate to support immigrant and refugee individuals and families in attaining optimum health through relevant health education, community development and advocacy. Being a visual communication designer, a teacher in the discipline of design, community volunteer and an active citizen my professional practice and research interests are grounded in the notion that design can influence social change. Through this research project, I intend to find sustainable methods and generate new knowledge to discover and employ the power of design within the field of 'design for community benefit and development' in a complex diverse ethno-cultural context, which will promote equality and reduce discrimination.

4.0 Benefits/Risks Analysis - describe the relationship of benefits to risk of participation in the research:

Carefully going over the project proposal and research methodologies, it can be positively expected that participants will have far more benefits as opposed to risks. Immigration, displacement and health issues are topics that may lead to emotional responses. No research activity will be conducted without prior mention of the topics to be discussed. In the case of focus groups, the potential for conflict is no greater than in any other group discussion. Participants will voluntarily choose to participate in this project. It is anticipated, that informants will be interested in sharing information about their experiences and learning techniques of weaving photo and voice data. While focus group and workshop questions are meant to elicit information about them, it is being acknowledged that the re-telling of experiences about failures or challenges faced by these marginalized and struggling communities can be distressing. Should this occur, researcher will attend to the wishes of the informant: options include pausing, listening, changing topics or aborting the interview. No long-term effects from this distress are anticipated.

4.1 Participant Information

1.0 Describe and justify the inclusion criteria for participants (e.g. age range, health status, gender, etc):

Participant Profiles

- New immigrant/refugee women and men representing their ethnic communities and being provided service by Multicultural Health Brokers, of ages 25-45
- Multicultural Health Brokers and other related Coop members.
- Experts from the field of New-Immigrant/refugee communities social health services, related Capital Health services and Alberta Health services and Visual Communication Design professionals with expertise in collaborative and participatory design approaches

Recruitment of Participants

The request for individual participation for both the workshops and focus groups will be made mainly through informal discussions with different community health brokers and their community members and possibly through a poster displayed at MCHB. The long-standing partnership between U of A Community-University Partnership (CUP) and MCHB in various research projects and my association with Coop for the last six months helps me having a mutual feeling of trust and respect, which will support in the recruitment of participants.

Posters, emails and/or invitation cards may be used in support of this process



- 2.0 **Describe and justify the exclusion criteria for participants:**
- 3.0 **Are there any direct recruitment activities for this study?**
Yes No
- 4.0 **Participants**
Total number of participants you expect to enroll (including controls, if applicable):
40
Of these how many are controls, if applicable (Possible answer: Half, Random, Unknown, or an estimate in numbers, etc)
unknown
If this is a multi-site study, how many participants (including controls, if applicable) do you anticipate will be enrolled in the entire study?
40
- 5.0 **Justification for sample size:**
The study being proposed is of exploratory nature and is based on specific case study of Multicultural Health Brokers Coop. which inherently guides the sample size for a study of this participatory design approach
- 6.0 **If possible, provide expected start and end date of the recruitment/enrolment period:**
Expected Start Date: 06/04/2010
Expected End Date: 31/07/2010

4.2 Recruit Potential Participants

- 1.0 **Recruitment**
1.1 Will potential participants be recruited through pre-existing relationships with researchers (eg. employees, students, or patients of research team, acquaintances, own children or family members, etc)?
Yes No
- 1.2 If YES. Identify the relationship between the researchers and participants that could compromise the freedom to decline (eg. professor-student). How will you ensure that there is no undue pressure on the potential participants to agree to the study?**
- 2.0 **Outline any other means by which participants could be identified (eg. response to advertising such as flyers, posters, ads in newspapers, websites, email, listservs; pre-existing records or existing registries; physician or community organization referrals; longitudinal study, etc);**
not applicable

4.3 Recruitment Contact Methods

- 1.0 **How will initial contact be made? Select all that apply:**
Contact will be made through an intermediary
- 2.0 **If contact will be made through an intermediary (including snowball sampling), select one of the following:**
- 3.0 **If contact will be made through an intermediary, explain why the intermediary is appropriate and describe what steps will be taken to ensure participation is voluntary:**
Yvonne Chiu, the executive director of the Coop has assisted a number of graduate students from the University of Alberta during their research fieldwork and she strongly supports participatory research methods. She is interested to collaborate for a design research project of above explained nature. Her assistance and advice would also be sort in the recruitment process
- Consent and Documentation**
Data from research activities may be collected through questionnaires, notes, photographs and audio recordings. All participants will be asked to give free and informed consent before participating in any research activities.
A translator will be available to ensure comprehension of information by non-English speaking participants. No participants' names will be identified in connection with any of the collected data (without their permission). Participants' statements and photographs may be used in the support documents and public exhibitions; however, they will not be connected with any participants'



names or identities (without their permission). Consent forms will also inform participants of their right to withdraw from activities at any point during a session without penalty (and have their data removed) (please see examples of a consent forms and questionnaires in appendices)

- 4.0 **Provide the locations where participants will be recruited, (i.e. educational institutions, facilities in Alberta Health Services or Covenant Health, etc):**
Multicultural Health Brokers Coop Ltd, 10867 97street, Edmonton AB, T5H 2M6

4.4 Informed Consent Determination

- 1.0 **Describe who will provide informed consent for this study:**
All participants will be competent to give informed consent
- 2.0 **How is consent to be indicated and documented?**
Signed consent form
- 3.0 **What assistance will be provided to participants, or those consenting on their behalf, who have special needs (eg non-English speakers, visually impaired, etc):**
Consent and Documentation
Data from research activities may be collected through questionnaires, notes, photographs and audio recordings. All participants will be asked to give free and informed consent before participating in any research activities
A translator will be available to ensure comprehension of information by non-English speaking participants. No participants' names will be identified in connection with any of the collected data (without their permission). Participants' statements and photographs may be used in the support documents and public exhibitions; however, they will not be connected with any participants' names or identities (without their permission). Consent forms will also inform participants of their right to withdraw from activities at any point during a session without penalty (and have their data removed) (please see examples of a consent forms and questionnaires in appendices)
Data collected will be stored on a laptop computer and external hard-drive that will be stored in my office.
- 4.0 **If at any time a participant wishes to withdraw or not participate in certain aspects of the research, describe the procedures and the last point at which it can be done:**
As always, participation is voluntary, participants may leave at any time during the session (and have their data removed) without penalty, and participant anonymity will be guaranteed, except in the case of a focus group, where it cannot be guaranteed. Any participants involved in any of these research projects may have a copy of the research report if they specifically ask for it
- 5.0 **Describe the circumstances and limitations of data withdrawal from the study, including the last point at which it can be done:**
- 6.0 **Will this study involve an entire group where non-participants are present?**
Yes No
- 7.0 **Describe the incentives and/or reimbursements, if any, to participants and provide justification:**
The project is not funded at this stage and is a part of Masters thesis in Visual Communication Design. The Digital-Story workshop participants are being given free training of basic photography, basic narration and iMovie skills which are otherwise available at different institutes as paid courses

4.8 Study Population Categories

- 1.0 **This study is designed to TARGET or specifically include the following (does not apply to co-incidental or random inclusion). Select all that apply:**
Women
Men
Minorities (eg. ethno-cultural, linguistic, gender, etc)

5.1 Research Methods and Procedures



- 1.0** **' This study will involve the following (select all that apply)**
The list only includes categories that trigger additional page(s) for an online application. For any other methods or procedures, please indicate and describe in your research proposal in the Study Summary, or provide in an attachment.
- Interviews (eg. in-person, telephone, email, chat rooms, etc)
 - Focus Groups
 - Surveys and Questionnaires (including internet surveys)
 - Sound or image data involving participants (other than audio or video-recorded interviews or focus groups)
 - Materials created by participants (eg. artwork, writing samples, etc)
- 2.0** **Does this study involve a Clinical trial (includes any research study that prospectively assigns human participants or groups of humans to one or more health-related intervention(s) to evaluate the effects on health outcomes; does not include randomized controlled trials – RCT – outside of clinical settings)?**
- Yes No
- 3.0** **For registered clinical trial(s), provide registry and registration number, if available:**
- 4.0** **Internet-based research**
- 4.1** Will you be doing any internet-based research that involves interaction with participants?
- Yes No
- 4.2** If YES, will these interactions occur in private spaces (eg. members only chat rooms, social networking sites, email discussions, etc)?
- Yes No
- 4.3** Will these interactions occur in public space(s) where you will post questions initiating and/or maintaining interaction with participants?
- Yes No
- 5.0** **If you are using any tests in this study diagnostically, indicate the member(s) of the study team who will administer the measures/instruments:**
- | | | | |
|------|--------------------|--------------|-------------------------------|
| Test | Test Administrator | Organization | Administrator's Qualification |
| Name | | | |
- There are no items to display
- 6.0** **If any test results could be interpreted diagnostically, how will these be reported back to the participants?**
not applicable

5.6 Sound or Image (other than audio- or video-recorded interviews) or Material Created by Participants

- 1.0** **Explain if consent obtained at the beginning of the study will be sufficient, or if it will be necessary to obtain consent at different times, for different stages of the study, or for different types of data:**
Participants will begin taking part in all research activities such as Focus Groups, workshops and Expert Interviews after reading and signing the informed consent forms for that particular research activity
- 2.0** **If you or your participant's audio- or video-records, photographs, or other materials artistically represent participants or others, what steps will you take to protect the dignity of those that may be represented or identified?**
Photo-voice and video records and the resulting artifacts in the form of digital stories of only those participants would be analyzed and shared, who have given consent
Participation in the research activities described is voluntary under the agreement of a signed informed consent form, and participants can withdraw at any time during the sessions (and have their data removed) without penalty. Consent forms will clearly inform participants of their right to withdraw from activities at any point during a session without penalty (and have their data removed) (please see examples of a consent forms and questionnaires in appendixes)
- 3.0** **Who will have access to this data? For example, in cases where you will be sharing sounds, images, or materials for verification or feedback, what steps will you take to protect the dignity of those who may be represented or identified?**
Data will be shared amongst Department of Art and Design at U of A, Multicultural Health brokers



Coop Ltd, and concerned Government bodies dealing with new-immigrant/refugee communities and their Health services. No participants' names will be identified in connection with any of the collected data (without their permission). Participants' statements and photographs and artifacts may be used in the support documents and public exhibitions; however, they will not be connected with any participants' names or identities (without their permission)

- 4.0 When publicly reporting data or disseminating results of your study (eg presentation, reports, articles, books, curriculum material, performances, etc) that include the sounds, images, or materials created by participants you have collected, what steps will you take to protect the dignity of those who may be represented or identified?
All research participants would be clearly informed that the project will be undertaken in collaboration with a community organization Multicultural Health Broker's Coop (MCHB). Results of the research may be disseminated through a thesis exhibition and a report as well as future presentations and documents. And that your participation in the focus groups, workshop series or expert interviews is voluntary and you may withdraw at any time without penalty (and have your data removed)
- They'll be aware that during discussions and activities their comments may be recorded through written notes or audio recordings. They would be informed that their comments may be quoted in thesis documents or future presentations and papers, but will not include your name or identity (without your permission). Photographs and video and audio recordings will be taken of workshop activities, including participants. From the beginning of the digital stories workshops, volunteer participants would know that they are developing their digital stories to be shared through the medium of MCHB website. Only the photographs and recordings of participants who have given written consent may be used in thesis documents (or future presentations and papers). To ensure your anonymity, all research assistants associated with this project have signed confidentiality statements. There are minimal risks associated with participating in this study
- 5.0 What opportunities are provided to participants to choose to be identified as the author/creator of the materials created in situations where it makes sense to do so?
Before each research activity Participants will be given an opportunity to read, discuss and then sign an informed consent form for that particular research and design activity
- 6.0 If necessary, what arrangements will you make to return original materials to participants?
Data will be collected in a variety of ways, for example, through written notes or audio recordings from interviews or focus groups; completed questionnaires and feed back forms; and visual records (without identifying participants) of the process and outcomes of participatory design sessions. Participants' identities will be kept confidential and not be connected to any reported data unless the participant consents. Data will be coded, analyzed and discussed in reports without identifying participants (unless they give permission to do so), and will be kept in a secure location for at least 7 years
Data collected will be stored on an external hard-drive that will be stored in a safe place.

5.7 Interviews, Focus Groups, Surveys and Questionnaires

- 1.0 Are any of the questions potentially of a sensitive nature?
 Yes No
If YES, provide details:
- 2.0 If any data were released, could it reasonably place participants at risk of criminal or civil law suits?
 Yes No
If YES, provide the justification for including such information in the study:
- 3.0 Will you be using audio/video recording equipment and/or other capture of sound or images for the study?
 Yes No
If YES, provide details:
The study will be based on the framework of visual ethnography which requires the photo and voice data for analysis and later the artifacts resulting from this collaborative and participatory research activity are digital stories for the website of Multicultural Health Brokers Coop (MCHB) website. Multicultural Health Brokers is a well recognized multilingual community organization in Edmonton with a mandate to support immigrant and refugee individuals and families in attaining optimum health through relevant health education, community development and advocacy. This exploratory study is envisioned to have far reaching benefits for the identified communities and main stream concerned Government and policy departments

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5.8 Internet-based Interaction with Human Participants

- 1.0 Describe how permission to use the site(s) will be obtained, if applicable:
not applicable
- 2.0 If you are using a third party research tool, website survey software, transaction log tools, screen capturing software, or masked survey sites, how will you ensure the security of data gathered at that site?
not applicable
- 3.0 If you do not plan to identify yourself and your position as a researcher to the participants, from the onset of the research study, explain why you are not doing so, at what point you will disclose that you are a researcher, provide details of debriefing procedures, if any, and if participants will be given a way to opt out, if applicable:
not applicable
- 4.0 How will you protect the privacy and confidentiality of participants who may be identified by email addresses, IP addresses, and other identifying information that may be captured by the system during your interactions with these participants?
not applicable

6.1 Data Collection

- 1.0 Will the study team know the participants' identity at any stage of the study?
 Yes No
- 2.0 Primary/raw data collected will be (check all that apply):
Anonymous
Coded
All personal identifying information removed
Public and cited (including cases where participants have elected to be identified and/or allowed use of images, photos, etc.)
- 3.0 If identifying information will be removed at some point, when and how will this be done?
- 4.0 If this study involves secondary use of data, list all sources:
- 5.0 In research where total anonymity and confidentiality is sought but cannot be guaranteed (e.g. where participants talk in a group) how will confidentiality be achieved?
Respect for Privacy and Confidentiality
Requests for anonymity will be honored at all times. Under no circumstance will personal or confidential information be disseminated without prior written consent.
The consent form outlines the commitment to maintenance of confidentiality and privacy. As focus group, workshop and expert interview participants will be speaking, in a few cases on behalf of organizations, they may choose to be identified along with the name of their organization. However, they will be apprised that should they wish their interview—or a portion of thereof—can remain anonymous. Transcriptionists, and interpreters if applicable, will sign an oath of confidentiality. Where requested, participants' names and those of their organization or community will be kept anonymous in interview transcripts and all presentations and publications derived from the study

6.2 Data Identifiers

- 1.0 Personal Identifiers: will you be collecting any of the following (check all that apply):
Full Name
Initials
- If OTHER, please describe:
new-immigrant/refugee health services access experiences in the form digital stories
- 2.0 Will you be collecting any of the following (check all that apply):
Other

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If OTHER, please describe:
new-immigrant/refugee health services access experiences in the form digital stories

- 3.0 If you are collecting any of the above, provide a comprehensive rationale to explain why it is necessary to collect this information:
Names and initials are part of the informed consent forms and they have no other role in the study other than that. The nature of this research exploration is based on experiential, participatory/collaborative capacity building activities and visual ethnography in a case study format to test the Social model of design activity.
- 4.0 Specify information that will be RETAINED once data collection is complete, and explain why retention is necessary. Include the retention of master lists that link participant identifiers with de-identified data:
As mentioned above, the nature of this research exploration is based on experiential, participatory/collaborative capacity building activities and visual ethnography in a case study format to test the Social model of design activity. Digital stories collected will help in developing visual archival data for future research and Policy decisions for new-immigrant/refugee communities.
These Digital stories will also serve information and basic orientation of the new-immigrant/refugee clients of the Canadian social services support systems, which are initially difficult to understand and navigate for them
- 5.0 If applicable, describe your plans to link the data in this study with data belonging to another organization:
not applicable

6.3 Data Confidentiality and Privacy

- 1.0 ' How will confidentiality of the data be maintained? Explain the steps you propose to maintain data confidentiality and privacy. (For example, study documents must be kept in a locked filing cabinet and computer files encrypted, etc.)
Consent and Documentation
Data from research activities may be collected through questionnaires, notes, photographs and audio recordings. All participants will be asked to give free and informed consent before participating in any research activities.
A translator will be available to ensure comprehension of information by non-English speaking participants. No participants' names will be identified in connection with any of the collected data (without their permission). Participants' statements and photographs may be used in the support documents and public exhibitions; however, they will not be connected with any participants' names or identities (without their permission). Consent forms will also inform participants of their right to withdraw from activities at any point during a session without penalty (and have their data removed) (please see examples of a consent forms and questionnaires in appendixes)
Data collected will be stored on a external hard-drive that will be stored in a safe place.
Data will be collected in a variety of ways, for example, through written notes or audio recordings from interviews or focus groups; completed questionnaires and feed back forms, and visual records (without identifying participants) of the process and outcomes of participatory design sessions. Participants' identities will be kept confidential and not be connected to any reported data unless the participant consents. Data will be coded, analyzed and discussed in reports without identifying participants (unless they give permission to do so), and will be kept in a secure location for at least 7 years
- 2.0 What privacy education/training do members of the team have prior to their access to data?
not applicable
- 3.0 If you involve colleagues, assistants, transcribers, interpreters and/or other personnel to carryout specific research tasks in your study, how will you ensure that they properly understand and adhere to the University of Alberta standards of data privacy and confidentiality?
Transcribers and research assistants (if any) will be required to sign confidentiality statement prior to getting involved in any research activity
- 4.0 Data Access
- ' 4.1 Will the researcher make raw data that identify individuals available to persons or agencies outside of the research team?
Yes No
- 4.2 If YES, describe in detail what identifiable information will be released, to whom, why they need access, and what safeguards will be used to protect the identity of subjects and the privacy of their data.
- 4.3 Provide details if identifiable data will be leaving the institution, province, or country



Appendice

(e.g. member of research team is located in another institution or country, etc.)
not applicable

6.4 Data Storage, Retention, and Disposal

- 1.0 Where will the research data be stored? Specify the physical location and how it will be secured to protect confidentiality.
Data collected will be stored on an external hard-drive that will be stored in a safe place
- 2.0 Describe what will happen to the data once the study is completed. Indicate your plans for the destruction of the identifiers at the earliest opportunity consistent with the conduct of the research and/or clinical needs:
Data will be collected in a variety of ways, for example, through written notes or audio recordings from interviews or focus groups; completed questionnaires and feed back forms; and visual records (without identifying participants) of the process and outcomes of participatory design sessions. Participants' identities will be kept confidential and not be connected to any reported data unless the participant consents. Data will be coded, analyzed and discussed in reports without identifying participants (unless they give permission to do so), and will be kept in a secure location for at least 5 years. Results of the research will be disseminated through a thesis exhibition and report, as well as future presentations and papers
- 3.0 You must keep your data for a minimum of 5 years according to GFC Policy 96.2. How will you provide for data security during this time?
Data collected will be stored on an external hard-drive that will be stored in a safe place where as the digital stories will be shared with MCHB for their website and to initiate development of visual archives of digital stories for future earlier mentioned benefits for the identified new-immigrant/refugee communities

7.1 Documentation

Add documents in this section according to the headers. Use Item 12.0 "Other Documents" for any material not specifically mentioned below.

Sample templates are available in the HERO Home Page in the **Forms and Templates**, or by clicking [HERE](#)

Important: Please do not use .docx files as attachments. It is recommended you convert these files first to .doc (standard Word document files) before attaching.

| 1.0 Recruitment Materials: | | | |
|--|---------|---------------------|-------------|
| Document Name | Version | Date | Description |
| Expert Interview request pdf History | 0.06 | 13/04/2010 10:24 | |
| Focus Group recruitment_Phase 1) pdf History | 0.01 | 31/03/2010 12:19 | |
| Workshop participant recruitment emails and poster content pdf History | 0.01 | 31/03/2010 12:08 | |

| 2.0 Letter of Initial Contact: | | | |
|--------------------------------|---------|------|-------------|
| Document Name | Version | Date | Description |
| There are no items to display | | | |

| 3.0 Informed Consent / Information Document(s): | | | | | | | | | | | | | | | | | | | |
|--|---------|---------------------|-------------|---------------|---------|------|-------------|---|------|---------------------|--|--|------|---------------------|--|---|------|---------------------|--|
| 3.1 What is the reading level of the Informed Consent Form(s): | | | | | | | | | | | | | | | | | | | |
| moderate | | | | | | | | | | | | | | | | | | | |
| 3.2 Informed Consent Form(s)/Information Document(s): | | | | | | | | | | | | | | | | | | | |
| <table><thead><tr><th>Document Name</th><th>Version</th><th>Date</th><th>Description</th></tr></thead><tbody><tr><td>Focus Group Participant Informed Consent Form.pdf History</td><td>0.03</td><td>13/04/2010 10:08</td><td></td></tr><tr><td>Workshop Participant Informed Consent Form.pdf History</td><td>0.03</td><td>13/04/2010 10:07</td><td></td></tr><tr><td>Informed Consent Form for Expert Interviews pdf History</td><td>0.03</td><td>11/04/2010 03:26</td><td></td></tr></tbody></table> | | | | Document Name | Version | Date | Description | Focus Group Participant Informed Consent Form.pdf History | 0.03 | 13/04/2010 10:08 | | Workshop Participant Informed Consent Form.pdf History | 0.03 | 13/04/2010 10:07 | | Informed Consent Form for Expert Interviews pdf History | 0.03 | 11/04/2010 03:26 | |
| Document Name | Version | Date | Description | | | | | | | | | | | | | | | | |
| Focus Group Participant Informed Consent Form.pdf History | 0.03 | 13/04/2010 10:08 | | | | | | | | | | | | | | | | | |
| Workshop Participant Informed Consent Form.pdf History | 0.03 | 13/04/2010 10:07 | | | | | | | | | | | | | | | | | |
| Informed Consent Form for Expert Interviews pdf History | 0.03 | 11/04/2010 03:26 | | | | | | | | | | | | | | | | | |

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Appendices

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|-------------------------------|---|--|---------|------------------|-------------|
| 4.0 | Assent Forms: | Document Name | Version | Date | Description |
| There are no items to display | | | | | |
| 5.0 | Questionnaires, Cover Letters, Surveys, Tests, Interview Scripts, etc.: | Document Name | | Version Date | Description |
| | | Focus Groupâ€¢Leading Questionsâ€¢Phase2.pdf History | 0.03 | 13/04/2010 10:09 | |
| | | Expert Interview semi structured questions pdf History | 0.02 | 11/04/2010 03:22 | |
| | | Focus Group_ Leading Questions(Phase 1).pdf History | 0.02 | 11/04/2010 03:19 | |
| 6.0 | Protocol: | Document Name | Version | Date | Description |
| There are no items to display | | | | | |
| 7.0 | Investigator Brochures/Product Monographs (Clinical Applications only): | Document Name | Version | Date | Description |
| There are no items to display | | | | | |
| 8.0 | Health Canada No Objection Letter (NOL): | Document Name | Version | Date | Description |
| There are no items to display | | | | | |
| 9.0 | Confidentiality Agreement: | Document Name | | Version Date | Description |
| | | Assessment of Risk to Human Participants and confidentiality pdf History | 0.02 | 11/04/2010 03:19 | |
| 10.0 | Conflict of Interest: | Document Name | Version | Date | Description |
| There are no items to display | | | | | |
| 11.0 | Other Documents: <i>For example, Study Budget, Course Outline, or other documents not mentioned above</i> | Document Name | Version | Date | Description |
| | | Consent Form for non-participants pdf History | 0.01 | 22/04/2010 19:26 | |
| | | MCHB letter of support_pg2.jpg History | 0.05 | 13/04/2010 09:46 | |
| | | MCHB letter of support_pg1.jpg History | 0.02 | 13/04/2010 09:44 | |

Final Page

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Assessment of Risk to Human Participants

There is minimal risk to human participants involved in the participatory workshops exploring techniques of digital-story creation for information and/or education. While exploring stories, of access to health services of immigrants/refugees, in the form of visual images and narratives, research participants are not likely to be exposed to any visual or textual information that they would not encounter in their daily lives.

Respect for Human Dignity:

The dignity of any persons involved in this project will be respected at all times.

Respect for Free and Informed Consent

Participants will be fully informed of the purpose of the project. The consent forms prior to Focus groups, Workshops and Expert interviews will be discussed in detail. Volunteer participants will be encouraged to ask questions regarding the project. Consent will be obtained either in writing or recorded to avoid any discomfort with demonstrating low English literacy levels. Should an interpreter be required, the interpreter will be asked to sign an oath of confidentiality.

Respect for Vulnerable Person.

Only adults capable of independent decision-making will be contacted and involved for this project.

Respect for Privacy and Confidentiality

Requests for anonymity will be honored at all times. Under no circumstance will personal or confidential information be disseminated without prior written consent.

The consent form outlines the commitment to maintenance of confidentiality and privacy. As focus group, workshop and expert interview participants will be speaking, in a few cases on behalf of organizations, they may choose to be identified along with the name of their organization. However, they will be apprised that should they wish their interview—or a portion of thereof—can remain anonymous. Transcriptionists, and interpreters if applicable, will sign an oath of confidentiality. Where requested, participants' names and those of their organization or community will be kept anonymous in interview transcripts and all presentations and publications derived from the study.

Balancing Harms & Benefits

Immigration, displacement and health issues are topics that may lead to emotional responses. No research activity will be conducted without prior mention of the topics to be discussed. In the case of focus groups, the potential for conflict is no greater than in any other group discussion. Participants will voluntarily choose to participate in this project. It is anticipated, that informants will be interested in sharing information about their experiences and learning techniques of weaving photo and voice data. While focus group and workshop questions are meant to elicit information about them, it is being acknowledged that the re-telling of experiences about failures or challenges faced by these marginalized and struggling communities can be distressing. Should this occur, researcher will attend to the wishes of the informant: options include pausing, listening, changing topics or aborting the interview. No long-term effects from this distress are anticipated.

Due to the fact that there is no way of controlling what participants may say after a focus group, confidentiality cannot be guaranteed in these activities.

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No toxic materials or hazardous situations will be encountered by anyone involved in this project.

Description of Procedures to be undertaken to Reduce Risk to Human Subjects

To ensure that there is minimal risk to human participants involved in the outlined research activities,

I have been trained to:

- Be aware of the ethical considerations of working with human participants (I have read and am familiar with the GFC Policy Manual Section 66)
- Conduct studies in an ethical and appropriate way, to consider the comfort level of the participants, and to preserve the anonymity of participants through proper data collection, storage and disposal methods;
- Describe the study to the participants and what is being asked of them, outline the risks and benefits of being involved in the study and thank them for their participation.

I also intend to take into account cross-cultural approaches to research and practice with immigrant and refugee families as reported in Cross-Cultural Lessons handbook developed by CUP (Community-University Partnership).

Participation in the research activities described is voluntary under the agreement of a signed informed consent form, and participants can withdraw at any time during the sessions (and have their data removed) without penalty. In exploring the experiences of health services access issues and services of new immigrant/refugee communities and MCHB brokers, design concepts and products, it will be emphasized that we are testing the performance of products of design and communication, and not the performance of the participants themselves. In the unlikely event that any participant becomes distressed or uncomfortable during a study, the testing will be stopped immediately and the participant will be referred to the appropriate resource.

Before activities begin, participants will be reminded that what is discussed needs to remain confidential. They will also be reminded that if there is something that they would not like to discuss or have known, that they should not feel any pressure to share it with the group. However, due to the reality that participants cannot be held to this, confidentiality cannot be guaranteed in these activities. Researchers (and research assistants) will be asked to sign a confidentiality agreement.

Data will be collected in a variety of ways, for example, through written notes or audio recordings from interviews or focus groups; completed questionnaires and feed back forms; and visual records (without identifying participants) of the process and outcomes of participatory design sessions. Participants' identities will be kept confidential and not be connected to any reported data unless the participant consents. Data will be coded, analyzed and discussed in reports without identifying participants (unless they give permission to do so), and will be kept in a secure location for at least 5 years. Results of the research may be disseminated through a thesis exhibition and report, as well as future presentations and papers.

Participants in studies, requiring additional assistance with data collection will be advised that assisting technologists or personnel may be present. As always, participation is voluntary, participants may leave at any time during the session (and have their data removed) without penalty, and participant anonymity will be guaranteed, except in the

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case of a focus group, where it cannot be guaranteed. Any participants involved in any of these research projects may have a copy of the research report if they specifically ask for it.

Consent and Documentation

Data from research activities may be collected through questionnaires, notes, photographs and audio recordings. All participants will be asked to give free and informed consent before participating in any research activities.

A translator will be available to ensure comprehension of information by non-English speaking participants. No participants' names will be identified in connection with any of the collected data (without their permission). Participants' statements and photographs may be used in the support documents and public exhibitions; however, they will not be connected with any participants' names or identities (without their permission). Consent forms will also inform participants of their right to withdraw from activities at any point during a session without penalty (and have their data removed) (please see examples of a consent forms and questionnaires in appendixes).

Data collected will be stored on an external hard-drive that will be stored in a safe place.

I have read, understood and will adhere to the "University of Alberta's Standards for the Protection of Human Research Participants" (GFC Policy Manual, Section 66) and agree to abide by these standards in conducting research.

March 31, 2010

Naureen Mumtaz

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Multicultural Health Brokers Cooperative Ltd.

Phone: (780) 423-1973 Fax: (780) 428-2748 Email: mchb@interbaun.com
10867 – 97 Street, Edmonton, AB T5H 2M6

Honorary member-Alberta College of Social Work

March 27, 2010

To Whom It May Concern:

RE: Ms. Naureen Mumtaz's Ethics Application for her master degree research thesis project

I am writing this letter on behalf of my organization, Multicultural Health Brokers Cooperative to validate the fact that Ms. Mumtaz has been working closely with my colleagues and I on her Master of Design thesis research project for the past 6 months

The Multicultural Health Brokers Co-operative (MCHB Co-op) is a grass-roots community organization made up of 40 health and family support workers from 17 local immigrant communities. As a group, we have been providing holistic health education, family outreach and community development support and system advocacy within immigrant and refugee communities for over 15 years. Each year we serve up to 3,000 families. We have come to understand deeply the circumstances of immigrant families and communities, as well as the most critical issues affecting their lives & well-being. Our fundamental efforts over the years have been to reveal the realities of immigrant families & communities, and address the root and systemic causes of inequities in health & well-being as experienced by this population.

We are therefore truly pleased that Ms. Mumtaz has approached us to work with her on her Master of Design thesis research project which supports our core mandate. The objective of this research project is to explore how collaborative/participatory design methods, in visual communication design process, can contribute to initiating and sustaining an effective dialogue between an immigrant community social service organization (such as the Multicultural Health Brokers Coop), new-immigrant/refugee communities and the local government in Edmonton. The main medium being considered for this dialogue is the MCHB Coop website.

The central "product" of the project is likely a set of vignettes in the form of digital stories for the MCHB website. In addition, the project would likely lead to the creation of a sustainable and ongoing process for developing photo-voice data archives, which can be used for multiple purposes, such as informing local government policy development for new-immigrant/refugee, supporting public institutions in their development of culturally relevant services and programs, and raising awareness of mainstream public.

To laid the foundation for this collaborative work, Ms. Mumtaz has been shadowing my colleagues as they go about their community work, as well as participating in several discussions with me and other key colleagues about the nature, benefits and scope of this research.

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|--|---|---|
| ▪ Prenatal Education & Hospital Tours | ▪ Post-natal Support | ▪ Health & Sexuality Education |
| ▪ Telephone Counselling and Referral | ▪ Home Visitation | ▪ Translation & Resource Material |
| ▪ Community Development and Health Promotion | ▪ Consultation concerning Cross-cultural Issues | ▪ Serve as Health Brokers between Health Institutions & Immigrant Communities |

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March 29 2010

We are confident that Ms. Mumtaz's research study will have deep relevance for other grassroots organizations whose mandate is around revealing the struggles of marginalized populations for the purpose of social change. If you have any further question about the MCHB Coop, and our interest in & support for Ms. Mumtaz's research, please kindly contact me at (780) 423-1973 or yvonnechiu@shaw.ca.

Sincerely yours,



Yvonne Chiu
Executive Director

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Focus Group Participation email/letter

IMPROVING ACCESS TO HEALTH CARE SERVICES FOR NEW-IMMIGRANTS AND REFUGEE COMMUNITIES IN EDMONTON, THROUGH COLLABORATIVE /PARTICIPATORY VISUAL COMMUNICATION DESIGN PROCESS.

May16, 2010

Dear Multicultural Health Broker

Focus Group to explore the concept of Collaborative Design of Digital Stories for MCHB website and Corporate Identity

Participation is being invited for a focus group to discuss the concept of collaborative design of digital stories for MCHB website. This will provide the participants and researcher a chance to explore the concept of personal stories of challenges and success to bring awareness about issues relating to access to health services for new immigrants/refugees in Edmonton.

MCHB staff, health brokers and community members from new-immigrants/refugees communities and are invited to participate. Multicultural Health Brokers are also requested to invite one community member from their community to participate in a second focus group scheduled for May26th, 2010 at 5:30pm, the same venue.

Venue: Focus Groups will be held at MCHB Coop office

**Date: Focus group (A) - May 21, 2010 Friday
(Multicultural Health Brokers and Staff)**

**Focus group (B) - May 26, 2010 Wednesday
(new-immigrants/refugees communities)**

**Time: 5:00pm – 6:30pm
Refreshments will be served.**

Your participation in the focus group is voluntary. The activity will not last more than 1.15 hours and will build around showing some examples of digital stories, semi structured questions, discussion time and sharing.

This project is a collaborative research project between the Multicultural Health Brokers Coop and Naureen Mumtaz, Dept. of Art and Design, University of Alberta. The project is part of my Master of Design thesis in Visual Communication Design, which will result in a design project, written support document and public exhibition. The aim of the research is to provide feedback for future participatory design projects related to health services access issues of new-immigrant/refugee communities. Results of the research may be disseminated through a thesis exhibition and report, as well as future presentations and papers.

Participants may withdraw from the focus group at any time without penalty of compensation.

Please confirm your interest by contacting Naureen Mumtaz at ph 780 760 4786 or cell 780 902 1543 or at email naureen@ualberta.ca

Thank you,

Naureen Mumtaz
MDes Candidate, University of Alberta

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Focus Group Participant Informed Consent Form

IMPROVING ACCESS TO HEALTH CARE SERVICES FOR NEW-IMMIGRANTS AND REFUGEE COMMUNITIES IN EDMONTON, THROUGH COLLABORATIVE /PARTICIPATORY VISUAL COMMUNICATION DESIGN PROCESS.

This focus group is part of Masters of Design Thesis project in Visual Communication Design, which will result in a design project, written support document and public exhibition. The objective is to learn about exploring how collaborative/ participatory design methods in visual communication design process can contribute in initiating and sustaining an effective dialogue between immigrant community service organizations (in this case—Multicultural Health Brokers Coop), new-immigrant/refugee communities and the local government in Edmonton. Specifically, it is aimed to explore how participatory and collaborative design research methods based on visual ethnography can increase community participation, dialogue and raise awareness and advocate for the marginalized new-immigrant and refugee communities at the Government level, in context of access to health services. The possible outcome of the project is developing vignettes of digital stories for the MCHB website the Health Brokers to assist in the delivery of their services to ethnically diverse immigrant/refugee clients, in their pursuit to break through the barriers of language and cultural differences. In addition it will be suggested as a sustainable and ongoing process of developing photo-voice data archives, which can be, used for multitude of purposes like informing local government policies for new-immigrant/refugee related health services and related issues.

Participants of this focus group will be to discussing the concept of collaborative design of digital stories for MCHB website. This will provide the participants and researcher a chance to explore stories to bring awareness about issues relating to access to health services for new immigrants/refugees in Edmonton.

Focus Group will be held at MCHB premises or a community centre and will last a maximum of one and a half hour. New-immigrants/refugees and MCHB staff and health brokers are invited to participate. Refreshments will be served. Your participation in the focus group is voluntary. The activity will not last more than 3 hours and will be built around showing some examples of digital stories, semi structured questions, discussion time and sharing. The focus group may include discussion of some potentially upsetting and personal topics related to displacement and health challenges. If these or other topics may make you feel uncomfortable at anytime, please excuse your self from any questions or activity. You are free to leave anytime.

The project will be undertaken in collaboration with a community organization Multicultural Health Broker's Coop (MCHB). Results of the research may be disseminated through a thesis exhibition and a report as well as future presentations and documents.

Your participation in the workshop series is voluntary and you may withdraw at any time without penalty (and have your data removed).

During discussions and activities your comments may be recorded through written notes or audio recordings. Your comments may be quoted in thesis documents or future presentations and papers, but will not include your name or identity (without your permission). Photographs and video and audio recordings will be taken of workshop activities, including participants. Only the photographs and recordings of participants who have given written consent may be used in thesis documents (or future presentations and papers). To ensure your anonymity, all research assistants associated with this project have signed confidentiality statements. There are minimal risks associated with participating in this study.

I _____ agree to participate in a focus group for the above research project conducted by Naureen Mumtaz, Dept of Art and Design, U of A and collaborative partner Multicultural Health Brokers, Edmonton.

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I understand that the focus group is part of a research project and that we will be discussing our personal stories of challenges and help provided by MCHB while accessing different health services available in Edmonton, as new immigrants/refugees. This activity is being conducted in order to increase awareness about these issues through digital stories as a part of the MCHB website.

I understand that my responses to questions during the focus group may be recorded and included in research documents and future visual and verbal presentations, but that my name will not be used in any report related to this project without my permission.

I may withdraw at any time during a session without penalty (and have my data removed).
(Please check, if appropriate)

You have my permission to use images of me in written or visual presentations related to this study

Yes, please use my name to credit my responses in your research data

Participant name _____ Date _____

Signature _____

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Focus Group – Leading Questions

IMPROVING ACCESS TO HEALTH CARE SERVICES FOR NEW-IMMIGRANTS AND REFUGEE COMMUNITIES IN EDMONTON, THROUGH COLLABORATIVE /PARTICIPATORY VISUAL COMMUNICATION DESIGN PROCESS.

Please note that the following questions are examples of the types of questions that will be asked in focus groups in Phase 1.

Further questions may be added after informal discussions and observations if appropriate.

Welcome, my name is Naureen Mumtaz and I am a Master of Design student at the University of Alberta and I am conducting this focus group as a part of my thesis in Visual Communication Design.

Thank you for taking time out of your schedule to participate in this discussion on sharing your ideas, experiences and stories about your challenges in accessing Health services in Edmonton, Alberta as new-immigrants/refugees and multicultural health brokers. You were invited to participate in this discussion because you are a member of the diverse immigrant/refugee community and have been in one-way or the other part of MCHB community network.

We would like to get your opinion and ideas about the issues of access to health services as immigrant/refugees and health brokers, to develop culturally appropriate information messages in the form of digital stories for the MCHB website.

I will ask a series of questions. There are no right or wrong answers. Everyone in the group does not need to agree on the answers to the questions. We will all keep the comments and sharing done today, confidential.

We as a group will look at the available health services information available in the form of printed material, websites to establish initial point of reference for the following discussion based on more the following questions.

1. Let us start by introducing ourselves to the group. (Introduction icebreaker exercise)
2. When did you first come to Edmonton as a new immigrant/refugee?
3. What was your experience of health services access? (Pre and post natal, diabetes , dentistry, optometry, general referrals and pediatrician)
4. What are images and associations that you had with regards to health services in Canada, in particular Edmonton?
5. What are some of the words that people in your community use when talking about health services access in Edmonton a immigrants/refugees?
6. Do you think that members of your community would like to learn and understand about health services available?
7. Are you aware of any programs from where you can get information or assistance about your health related issues?
8. Do you think it is easy or difficult for the new immigrant/refugee community members to use and participate in awareness raising and educational programs about health services access issues?
9. What would be the best way to educate our new immigrant/refugee community members



Workshop participant recruitment emails and poster content for the Workshops on Digital Storytelling

IMPROVING ACCESS TO HEALTH CARE SERVICES FOR NEW-IMMIGRANTS AND REFUGEE COMMUNITIES IN EDMONTON, THROUGH COLLABORATIVE /PARTICIPATORY VISUAL COMMUNICATION DESIGN PROCESS.

May 2010

Dear Multicultural Health Broker, New- Immigrant, Refugee

Volunteers needed: Collaborative Design of Digital Stories for MCHB website.

We are recruiting volunteers to participate in a collaborative design workshop that will give the participants a chance to collaboratively design digital stories to bring awareness about issues relating to access to health services for new-immigrants/refugees in Edmonton. Workshops will be held at MCHB premises or VCD Grad Lab, Dept of Art and Design, U of A and will last a maximum of 3 hours. New-immigrants/refugees and MCHB health brokers are invited to participate. Participants will receive free basic training of photography and iMovie. Refreshments will be provided.

The workshops will include an exploration of design principles and techniques to create a series of digital stories to bring awareness about issues relating to access to health services for new-immigrants/refugees in Edmonton. Participants will work individually and collaboratively to design and develop their stories. The workshops will also include: (1) a presentation of techniques in telling the participants' individual stories and (2) a feed back questionnaire about participants' experiences in the workshop. No names will be recorded on questionnaires, or in summaries of the workshop.

The workshops will be conducted predominantly in English, participants are encouraged to tell their stories in the language they are most comfortable. The MCHB broker from the respective community may help in translation.

This project is a collaborative research project between the Multicultural Health Brokers Coop and the Naureen Mumtaz of Dept. of Art and Design, University of Alberta. The project is part of a Master of Design thesis in Visual Communication Design, which will result in a design project, written support document, and public exhibition. The aim of the workshop is to provide feedback for future participatory design projects relative to health services access issues of new-immigrant/refugee communities. Results of the research may be disseminated through a thesis exhibition and report, as well as future presentations and papers.

Participants may withdraw from the workshop at any time without penalty of compensation (and have their data removed).

The workshop will be held (TBD).

Space is limited, may fill up, so please confirm your interest by contacting Naureen Mumtaz at ph 780 760 4786, email naureen@ualberta.ca or Yvonne Chiu at 780 423 1973 or yvonnechiu@shaw.ca

Thank-you,

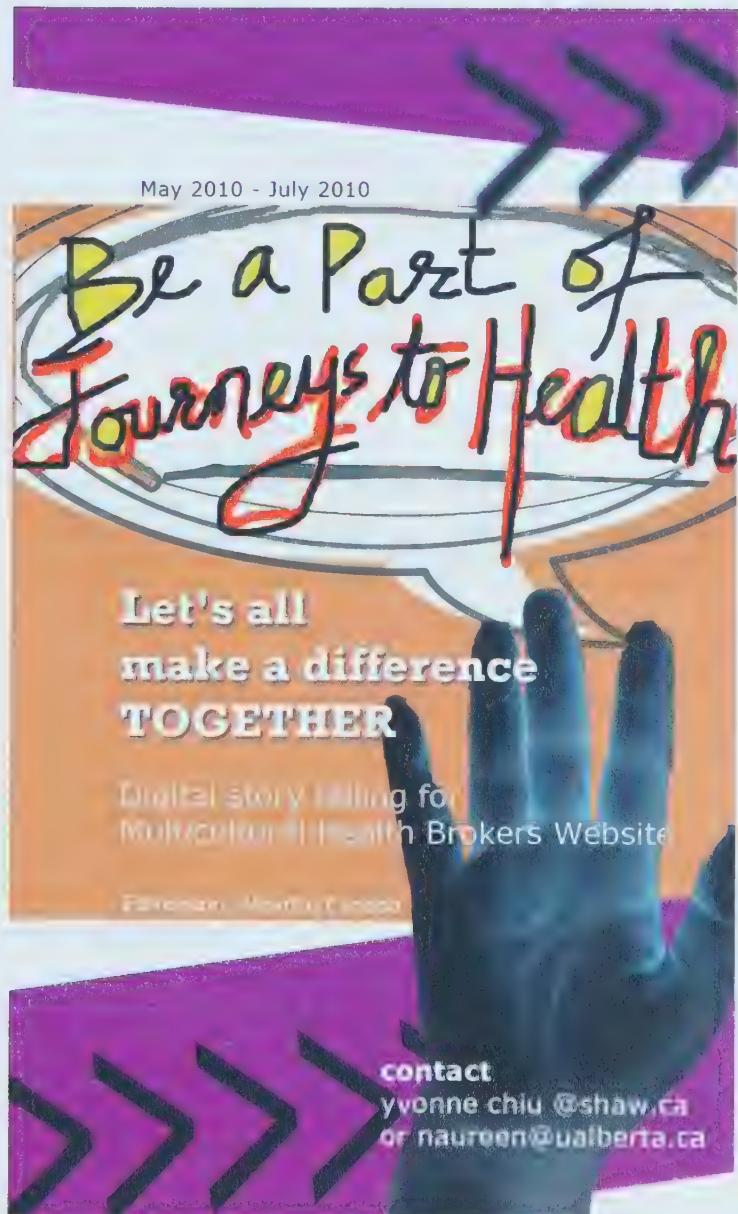
Naureen Mumtaz
MDes Candidate, University of Alberta

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DST workshops – Invitation poster and card



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Workshop Participant Informed Consent Form

IMPROVING ACCESS TO HEALTH CARE SERVICES FOR NEW-IMMIGRANTS AND REFUGEE COMMUNITIES IN EDMONTON, THROUGH COLLABORATIVE /PARTICIPATORY VISUAL COMMUNICATION DESIGN PROCESS.

This workshop series is part of Masters of Design Thesis project in Visual Communication Design, which will result in a design project, written support document and public exhibition.

The objective is to explore, how collaborative/ participatory design methods in visual communication design process can contribute in initiating and sustaining an effective dialogue between immigrant community service organizations (in this case — Multicultural Health Brokers Coop), new-immigrant/refugee communities and the local government in Edmonton. Specifically, it is aimed to explore how participatory and collaborative design research methods based on visual ethnography can increase community participation, dialogue and raise awareness and advocate for the marginalized new-immigrant and refugee communities at the Government level, in context of access to health services. The possible outcome of the project is developing vignettes of digital stories for the MCHB website the Health Brokers to assist in the delivery of their services to ethnically diverse immigrant/refugee clients, in their pursuit to break through the barriers of language and cultural differences. In addition it will be suggested as a sustainable and ongoing process of developing photo-voice data archives, which can be, used for multitude of purposes like informing local government policies for new-immigrant/refugee related health services and related issues.

The project will be undertaken in collaboration with a community organization Multicultural Health Broker's Coop (MCHB). Results of the research may be disseminated through a thesis exhibition and report as well as future presentations and documents.

Your participation in the workshop series is voluntary and you may withdraw at any time without penalty (and have your data removed).

The workshop series will include 3- 6 separate workshops (on separate days) and will take place during the period from May 16 to July 16, 2010. Each workshop will last no more than 3 hours and will be conducted either of the following two locations: MCHB office or VCD Grad Lab in Dept of Art & Design, U of A. Activities will include :

- (1) a presentation on the methodology of participatory design and potential scenarios for its application in Digital Story telling techniques
- (2) exploring casual photography and iMovie
- (3) discussions about the challenges in access to health services in case of new-immigrants /refugees and delivery of health brokering for MCHB brokers, in Edmonton as well as messages that need to be communicated

During discussions and activities your comments may be recorded through written notes or audio recordings. Your comments may be quoted in thesis documents or future presentations and papers, but will not include your name or identity (without your permission). Photographs and video and audio recordings will be taken of workshop activities, including participants. Only the photographs and recordings of participants who have given written consent may be used in thesis documents (or future presentations and papers). To ensure your anonymity, all research assistants associated with this project have signed confidentiality statements. There are minimal risks associated with participating in this study.

I _____ agree to participate as a member of a participatory design workshop series and as a respondent to questionnaires for the above research project conducted by Naureen Mumtaz and collaborative partner MCHB.

I understand that the workshop is part of a research project and that we will be discussing our personal stories of challenges and help provided by MCHB while accessing different health services available in Edmonton, as new immigrants/refugees. This activity is being conducted in order to increase awareness about these issues. through digital stories as a part of the MCHB

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website.

I understand that my responses to questions during the workshop may be recorded and included in research documents and future visual and verbal presentations, but that my name will not be used in any report related to this project without my permission.

I may withdraw at any time during a session without penalty (and have my data removed).
(Please check, if appropriate)

- You have my permission to use images of me in written or visual presentations related to this study
- Yes, please use my name to credit my responses in your research data

Participant name _____ Date _____

Signature _____

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Informed Consent Form for Non-Participants (For those who are represented indirectly in the digital stories)

IMPROVING ACCESS TO HEALTH CARE SERVICES FOR NEW-IMMIGRANTS AND REFUGEE COMMUNITIES IN EDMONTON, THROUGH COLLABORATIVE /PARTICIPATORY VISUAL COMMUNICATION DESIGN PROCESS.

This is a digital storytelling workshop series that is part of Masters of Design Thesis project in Visual Communication Design, which will result in a design project, written support document and public exhibition.

The objective is to explore, how collaborative/ participatory design methods in visual communication design process can contribute in initiating and sustaining an effective dialogue between immigrant community service organizations (in this case — Multicultural Health Brokers Coop), new-immigrant/refugee communities and the local government in Edmonton. Specifically, it is aimed to explore how participatory and collaborative design research methods based on visual ethnography can increase community participation, dialogue and raise awareness and advocate for the marginalized new-immigrant and refugee communities at the Government level, in context of access to health services. The possible outcome of the project is developing vignettes of digital stories for the MCHB website the Health Brokers to assist in the delivery of their services to ethnically diverse immigrant/refugee clients, in their pursuit to break through the barriers of language and cultural differences. In addition it will be suggested as a sustainable and ongoing process of developing photo-voice data archives, which can be, used for multitude of purposes like informing local government policies for new-immigrant/refugee related health services and related issues.

The project is being undertaken in collaboration with the community organization Multicultural Health Broker's Coop (MCHB). Results of the research may be disseminated through a thesis exhibition and report as well as future presentations and documents.

During the course of workshop discussions and activities your comments, photographs may be recorded through written notes, audio recordings etc. Your photographs may be quoted in thesis documents or future presentations and papers, but will not include your name or identity (without your permission). Photographs and video and audio recordings will be taken as a part of digital story telling workshop activities. Only the photographs and recordings of participants who have given written consent may be used in thesis documents (or future presentations and papers). To ensure your anonymity, all research participants and those associated with this project have signed confidentiality statements. There are minimal risks associated with participating in this study.

I _____ agree to have my photograph or comment being included in above research project conducted by Naureen Mumtaz and collaborative partner MCHB.

I understand that the digital story telling workshop is part of a research project and that we will be discussing workshop participants personal stories of challenges and help provided by MCHB while accessing different health services available in Edmonton, as new immigrants/refugees. This activity is being conducted in order to increase awareness about theses issues, through digital stories as a part of the MCHB website.

I understand that my photograph may be recorded and included in research documents and future visual and verbal presentations, but that my name will not be used in any report related to this project without my permission.

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(Please check, if appropriate)

- You have my permission to use images of me in written or visual presentations related to this study
- Yes, please use my name to credit my responses in your research data

Participant name _____ Date _____

Signature _____

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Digital Story Telling Workshop Feedback Form (After the third session)

Q. Did you find the previous three sessions useful in developing and crafting your stories?

- Yes
- No
- Somewhat

Any Comment

Q. Do you feel that you are making a valuable contribution for your community, through your digital story, which will help somebody by providing advice and information?

- Yes
- No
- Somewhat

Any Comment

Q. What kind of guidance are you expecting from me as a DST workshop facilitator?

Q. What kind of responsibilities were you expecting to have in these DST workshop sessions?

Thank you for your feedback

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Digital Storytelling Workshop Feedback Form

Please answer the following questions about your experience in the workshop series. Do respond **honestly** and **openly**. On a scale of 1-5 (1 being the lowest and 5 being the highest score) rate each of the following questions by circling the number of answers that best reflect your opinion.

Your responses are **anonymous**.

1. Was your experience of learning to do something new with the camera and computer useful in telling your story?

1 2 3 4 5

Comments _____

2. Did you find DST workshops engaging and useful in creating your own DSs?

1 2 3 4 5

Comments _____

3. Do you feel that you made a valuable contribution in the form of your artifact (digital story) which will help new immigrant/ refugee, by providing advice , information or direction?

1 2 3 4 5

Comments _____

4. Do you feel that having taken part in these workshops, you are **better able** to put across the challenges faced by the new-immigrants and refugees?

1 2 3 4 5

Comments _____

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5. Would you encourage your community members to create their own digital stories to help others, in similar situations, and participate in collecting important data to inform better health services policies for new-immigrants/refugees?

1 2 3 4 5

Comments _____

6. Do you think that messages and stories being designed and developed by the community member will have more relevant information and impact on those who are in a similar situation?

1 2 3 4 5

Comments _____

7. Did participating in workshops, helped to increase your self-confidence in some way?
If yes, than how?

1 2 3 4 5

Comments _____

8. Would you suggest that any part of the workshops be done differently in the future?

Comments _____

9. What is the most useful thing that you learned from these workshops?

Comments _____

Please use the back of this sheet if you have additional comments.

Thank you so much for your participation!

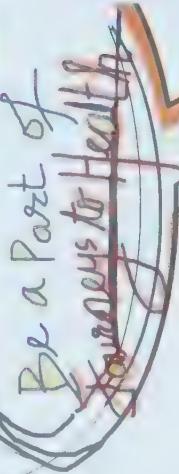
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CERTIFICATE OF PARTICIPATION

Digital Story Telling Workshops



Awarded on August 16th 2010 to

Lidia Macovei

Multicultural Health Broker

Workshop Designed & Facilitated by Naureen Mumtaz
Graduate Candidate-Visual Communication Design
University of Alberta, Canada

Multicultural Health Brokers Website

May 2010 - July 2010

yvonne.chu@shaw.ca
or naureen@ualberta.ca

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Feedback Form

Showcasing DSs at MCHB General Meeting (After viewing the digital stories)

IMPROVING ACCESS TO HEALTH CARE SERVICES FOR NEW-IMMIGRANTS AND REFUGEE COMMUNITIES IN EDMONTON, THROUGH COLLABORATIVE /PARTICIPATORY VISUAL COMMUNICATION DESIGN PROCESS.

Please answer the following questions about your experience of watching these Digital Stories that were developed by your colleagues in a series of DST (digital story telling) workshops. Do respond **honestly** and **openly**. Rate each of the following questions by checking the response that best reflects your opinion. Your comments will be useful sources of feedback to further refine the project.

Your responses will remain **anonymous**.

1. Do you think that these Digital stories can be effective experiential information sources for new immigrant/refugees?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| Strongly Agree | Agree | Maybe | Disagree | Strongly Disagree |

2. Do you think that digital stories of these kind, can help in preparing new immigrant/refugee communities with regard to expectations of life in Canada?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| Strongly Agree | Agree | Maybe | Disagree | Strongly Disagree |

3. Do you think that sharing this varied knowledge of other MCHB colleagues can help in your practice in a positive way if you are a Health Broker?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| Strongly Agree | Agree | Maybe | Disagree | Strongly Disagree |

4. Would you agree that this method of inviting participation in creative activity can also contribute in capacity building and can give the Health brokers and grass root community members (new immigrants/refugees) a new set of skills?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| Strongly Agree | Agree | Maybe | Disagree | Strongly Disagree |

5. You are comfortable using Internet for your basic information needs?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| Strongly Agree | Agree | Maybe | Disagree | Strongly Disagree |

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6. Do you feel that Digital stories at MCHB website, can help somebody by providing advice and information in health services access related challenges?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| Strongly Agree | Agree | Maybe | Disagree | Strongly Disagree |

7. Do you think you can refer a new immigrant/refugee client to MCHB website to have access to this experiential information through Digital stories?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| Strongly Agree | Agree | Maybe | Disagree | Strongly Disagree |

8. Do you think that the MCHB website having photo-voice information data archives (in the form of collaboratively designed Digital stories) will help in disseminating important health services access information for the new immigrants/refugees, who are also struggling with language barriers?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| Strongly Agree | Agree | Maybe | Disagree | Strongly Disagree |

9. Do you think that as a health broker or a new immigrant/refugee community member when you create a Digital story, it will say something more real about the issues of your community?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| Strongly Agree | Agree | Maybe | Disagree | Strongly Disagree |

10. Are you encouraged creating your own stories to help others in their transition into the main culture as immigrants/refugees?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| Strongly Agree | Agree | Maybe | Disagree | Strongly Disagree |

11. Digital stories designed collaboratively with MCHB Coop can be a valuable 'knowledge sharing' tool which can assist the following agencies to provide better assistance to new immigrant/refugee communities :

- Health Service providers
- Local Government policy makers in ministries of Multiculturalism and Immigration

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| Strongly Agree | Agree | Maybe | Disagree | Strongly Disagree |

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12. What do you think can be the biggest challenge in participating in Digital story telling workshops for Multicultural Health Brokers?

13. What do you think can be the biggest challenge in participating in Digital story telling workshops for grass root community members from new immigrant/refugee community members?

14. These Digital stories on MCHB website can facilitate immigrants/refugees in being:

- Advised,
- Informed
- Educated
- None of the above

15. Are there any other ways that you can suggest for the effective usability of these Digital stories workshops and the created stories?

Please you the back of this page for any additional comments and suggestions

Thank you for your valuable time and input!

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Email/Letter of Invitation for Expert Interviews

Project Title: Improving access to health care services for new-immigrants and refugee communities in Edmonton, through collaborative /participatory visual communication design process.

Principal Investigator: Naureen Mumtaz, Master of Design Candidate, Department of Art and Design, University of Alberta

I am a graduate student in Visual Communication Design program, Department of Fine Arts at the University of Alberta, Canada. I am preparing my Master of Design thesis under the supervision of Aidan Rowe, Assistant Professor, Department of Art and Design, University of Alberta.

I am writing to ask you if you might be able to take part in my thesis research and to help me by sharing your opinion and expertise in the subject matter of my planned thesis research. The objective is to explore, how collaborative/ participatory design methods in visual communication design process can contribute in initiating and sustaining an effective dialogue between immigrant community service organizations (in this case — Multicultural Health Brokers Coop), new-immigrant/refugee communities and the local government in Edmonton. Specifically, it is aimed to explore how participatory and collaborative design research methods based on visual ethnography can increase community participation, dialogue and raise awareness and advocate for the marginalized new-immigrant and refugee communities at the Government level, in context of access to health services. The possible outcome of the project is developing vignettes of digital stories for the MCHB website the Health Brokers to assist in the delivery of their services to ethnically diverse immigrant/refugee clients, in their pursuit to break through the barriers of language and cultural differences. In addition it will be suggested as a sustainable and ongoing process of developing photo-voice data archives, which can be, used for multitude of purposes like informing local government policies for new-immigrant/refugee related health services and related issues.

Consultations with experts in the field of new-immigrant/ refugee community social services, Capital Health Edmonton and Local Government (Ministries of Immigration and Multiculturalism) will be very important for me in order to access the workability of the proposed project.

Would you be willing to make some time, about one hour, on __ or __June , 2010?

Please let me know if you would be willing to see me. Thank you for your attention to my request; your interest in this study is highly appreciated.

Looking forward for your response.

Naureen Mumtaz
MDes Graduate Student
Department of Art and Design
University of Alberta

naureen@ualberta.ca



Informed Consent Form for a Short Expert Interview

Project Title: Improving the quality of health services for new-immigrants and refugee communities in Edmonton, through participatory visual communication design process In Digital Story Telling.

Principal Investigator: Naureen Mumtaz, Master of Design Candidate, Department of Art and Design, University of Alberta

You are invited to participate in a design research project being conducted in collaboration with the Department of Art and Design, University of Alberta and Multicultural Health Brokers Coop, Edmonton.

I am doing an exploratory study and would like to ask you to take part in it by sharing your opinion and expertise in the subject matter of my planned thesis. The objective is to learn about how collaborative/ participatory design methods in visual communication design process can contribute in initiating and sustaining an effective dialogue between immigrant community service organizations (in this case — Multicultural Health Brokers Coop), new-immigrant/refugee communities and the local government in Edmonton.

If you choose to participate in the study, you will possibly be interviewed for approximately 45 min to 1 hour. The interview will also be recorded and transcribed. If you choose, your name will be credited in the research data; however, you may also choose to respond anonymously. If there is something you would not like to be discussed or known, please do not feel any pressure to share it with me. The information you provide will be kept for at least seven years after the study is done. Results of the research may be disseminated through a thesis exhibition and report, as well as future presentations and papers. Your name will not be used in any presentations or publications of the results, without your written consent.

There is minimal risk to participating in this study. You are free to choose not to take part in the interview. If you decide to take part in the interview and change your mind later, you may withdraw from the interview at any time. If you have any concerns about this study, you may contact , Bonnie Sadler Takach at sadler.takach@ualberta.ca

I hope you will find this useful and thank you for considering this request.

I, (please print name) _____, agree to be interviewed for the above research project conducted by Naureen Mumtaz.

I understand that this interview is part of a research project and that we will be discussing issues relating to participatory design research methods for new-immigrant/refugee communities access to health services in Edmonton,

I understand that my responses to questions during this interview may be recorded and included in research documents and future visual and verbal presentations, but that my name will not be used in any report related to this project unless noted below.

I may withdraw at any time during this session without penalty (and have my data removed).

Yes, please use my name to credit my responses in your research data

No, please DO NOT use my name in your research date (I prefer to remain anonymous)

Signature _____ Date _____



Expert Interview

Semi-structured questions (After viewing the digital stories)

IMPROVING THE QUALITY OF HEALTH SERVICES FOR NEW-IMMIGRANTS AND REFUGEE COMMUNITIES IN EDMONTON, THROUGH PARTICIPATORY VISUAL COMMUNICATION DESIGN PROCESS IN DIGITAL STORY TELLING.

About the digital stories

1. What do you think about these digital stories as being effective experiential information sources for new immigrants/refugees?_Please Explain
2. Would you want to see more of such stories to learn further and develop a better understanding of the challenges faced by new immigrants/refugees in their access to health services here in Edmonton? Why or why not?
3. Do you think that having experienced this knowledge will affect your service or practice in some way if you are health service provider or health broker or being in a position in the Government to inform policy decisions for new-immigrants/refugees' access to health services?

About the collaboration and participation in design activity

1. As I have read about your work to effect social change, would like to talk about some methods of collaboration and participation with new immigrant/refugee community members to generate involvement and input into the design of health services access or related topics?
2. If yes, can you describe your experience, and talk about which methods were more successful_and why, if appropriate?
3. Now after experiencing thee digital stories, do you think that this method of inviting participation in creative activity can also contribute in capacity building and can give health brokers_and grass root community members (new immigrants/refugees) a new set of skills?_ would you like to elaborate why or why not?

About the content

1. Looking at the complexity of shared knowledge being communicated through these stories, which one of these five digital stories looks more successful? Please explain
2. Is the length of visual and narrative is appropriate to keep the audience engaged without taking too much of their time and losing the experiential knowledge absorption?
3. Do you have any other comments with regards to content?
4. After viewing these digital stories do you think that digital stories designed collaboratively with the Multicultural Health Brokers Coop can be a valuable 'knowledge sharing' tool to assist the following agencies to provide better assistance to new immigrant/refugee communities?
 - Health service providers
 - Local government policy makers in ministries of multiculturalism and immigration



About the medium of Website

1. Is web an good choice of a medium to reach the audience of new immigrants, service providers and government?
2. Do you think that websites having photo-voice information in the form of digital stories data will help in disseminating important health services access information for the new immigrants/refugees, who are struggling with language barriers? why or why not?
3. Do you have any other comments with regards to this medium of knowledge sharing?

About the project

1. Would you like to share your views about this project ?
2. Do you think that integrating art and design in community service projects can help in improving/supplementing community services?
3. Do you feel that methods and processes in this project can be replicated for future projects of improving quality of services for new immigrant/ refugee communities and their smooth integration into the mainstream culture?_why or why not?
4. Do you think this project can be valuable to provide better assistance to new immigrant/refugee communities, by the following agencies or organizations:
 - Multicultural Health Brokers both as a category and an agency
 - Health service providers
 - Local government officials in the ministries of multiculturalism and immigration
5. Do you have any suggestions about approaches that might be of interest for future design collaborations with immigrant and refugee communities?

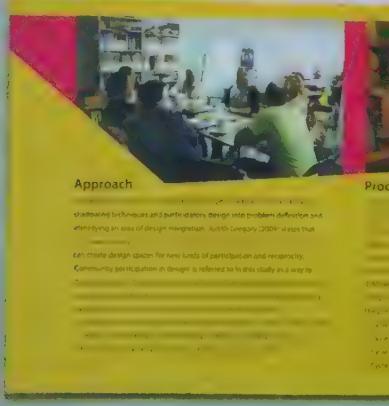
Thank you very much for your time and valuable input.



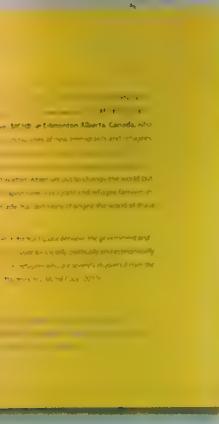
Design and
Plan Together



Context



Pro



Data collection and analysis

For each of the three studies, data was collected and analysed through a combination of observations and interviews. In each study, the researchers conducted 12 one-on-one interviews with students in their final year of secondary school. The students were asked to describe their experiences with digital design and engineering, and how they used digital tools to support their learning.

Photo credit: © 2017, T. M. Gauthier



Outcomes

The research outcomes are the most interesting part of this study. The first outcome is that students are more confident in their ability to use digital tools to support their learning. The second outcome is that students are more engaged in their learning because they are more interested in the topics they are studying.

Conclusion

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